

Date: 6-2-10

Rice A. Luna
Field Representative's Signature;

www.state.in.us/commerce/boards/funeral

Lic. #: 769

Ph #: 931-388-2135

Mailing Address: (If different from above) _____

Licensed Employees:		Licensed Employees:	
Richard M. Shelton - 3355-3700	Robert C. Thomas - 2691	Christopher Taylor - 4243-4247	Carl R. Dargatzis - 5132
James L. Davis - 5579-5580	Malcolm S. Henderson - 5611		
Apprentices:		Apprentices:	
Harvey Boshers		Harvey Boshers	

Current license certificates not presented at inspection:

Citation
attached

- | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> 62-5-303 Licensing Requirement | <input type="checkbox"/> 62-5-313 Requirements for Operation |
| <input type="checkbox"/> 62-5-304 Establishment License | <input type="checkbox"/> 62-5-317 Grounds for Denial, Suspension, Revocation |
| <input type="checkbox"/> 62-5-306(d) Issuance of License - Fun. Dir. | <input checked="" type="checkbox"/> Rule 0660-6-.02 Federal Trade Commission Rule |
| <input type="checkbox"/> 62-5-308(d) Issuance of License - Embalmer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 62-5-309 Practice by Unregistered Persons | |

If no embalming at this facility, state where: _____

PREPARATION ROOM

1. Floor Composition _____
2. Sanitary _____
3. Ventilation / Exhaust Fan _____
4. Instrument Disinfection Chemicals Present _____
5. Trash Container Covered, Non-Porous Bag _____
6. Soiled Laundry Container Covered, Non-Porous Bag _____
7. Chemical Storage _____
8. Excess Storage Control _____
9. Preparation Table Drainage _____
10. Paper Towels / Liquid Soap _____
11. Permanent I.D. Tag _____

PUBLIC AREA

12. Public Restrooms _____
13. Paper Towels / Liquid Soap _____
14. Other Public Use Areas _____

ACCEPTABLE

YES NO

NC

Establishment Inspection Report
03/02/2007

Federal Trade Commission Rule

I. Required Disclosures:

A. General Price List

1. Consumer's Right of Selection _____
 2. Embalming _____
 3. Alternative Containers for Direct Cremation _____
 4. Basic Services Fee _____
 5. Casket Price List _____
 6. Outer Burial Container Price List _____

ACCEPTABLE

YES NO

- ☒ ☐
☒ ☐
☐ ☒ *corrected on site*
☒ ☐
☒ ☐
☒ ☐

B. Required 16 Itemized Prices on General Price List

1. Basic services of funeral director & staff _____
 2. Embalming _____
 3. Other preparation of the body _____
 4. Transfer of remains to funeral home _____
 5. Use of facilities & staff for viewing _____
 6. Use of facilities & staff for funeral ceremony _____
 7. Use of facilities & staff for memorial service _____
 8. Use of equipment & staff for graveside service _____
 9. Forwarding of remains to another funeral home _____
 10. Receiving of remains from another funeral home _____
 11. Hearse _____
 12. Limousine *N/A* _____
 13. Casket prices _____
 14. Outer burial container prices _____
 15. Immediate burial _____
 16. Direct cremation _____

- ☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐
☐ ☐
☒ ☐ *See Citation*
☒ ☐
☒ ☐

C. Casket Price List

1. Price & description of each casket & alternative container _____

- ☒ ☐

D. Outer Burial Container Price List

1. Price & identifying information of each burial container _____

- ☐ ☒ *See Citation*

E. Statement of Funeral Goods and Services - Contract

Number of calls previous year: 222

Number of contracts examined: 14

1. Charges are only for those items selected _____
 2. Reason for embalming (if charged) _____
 3. Description of merchandise chosen _____

- ☐ ☒ *See Citation*
☒ ☐
☒ ☐

II. Cremations

1. Name of crematory used by establishment: William Funeral Homes & Crematory
 2. License number of crematory used: 769
 3. Date of inspection report of crematory used: 4-9-09
 4. Number of cremations for previous calendar year: 91
 5. Number of cremation files examined during inspection: 5

A. Cremation Authorization Forms

YES NO

1. Correct information on form _____
 2. Signed by authorizing agent _____
 3. Signed by licensed funeral director _____

- ☒ ☐
☒ ☐
☒ ☐

B. Receipt for Human Remains Delivered to Crematory

YES

NO

1. Name of deceased _____
2. Date & time of delivery _____
3. Type of container _____
4. Name of person delivering decedent _____
5. Name of person receiving decedent _____
6. Name of funeral home or establishment _____

☒ 2
☒ 7
☒ 7
☒ 7
☒ 7
☒ 7

☐ ☐ ☐ ☐ ☐ ☐

C. Receipt of Cremated Remains

1. Name of decedent _____
2. Date & time of release of cremated remains _____
3. Name of person to whom cremated remains released _____
4. Name of person releasing cremated remains _____
5. Name of establishment to whom cremated remains released _____

☒ ☒ ☒ ☒ ☒

☐ ☐ ☐ ☐ ☐

III. Permanent Identification Device

A. Type of permanent identification device used

Inspection: Laminated

1. Number of bodies in funeral home at time of inspection: _____
2. Number of bodies checked during inspection: 1

- A. Name of decedent _____
B. Date of birth of decedent _____
C. Date of death of decedent _____
D. Social security number of decedent _____

☒ ☒ ☒ ☒

□ □ □ □

IV. Preneed Sales Registration

1. Preneed sales registration number: 469
2. Date of expiration: 3-31-2012

Additional Comments:

[illegible]



TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS
NASHVILLE, TENNESSEE

NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: William's Funeral Home & Crematory
Name of establishment or individual

Address: 2517 Treasured Ave
Street

License # 769
City Columbia, TN State TN Zip 38401

Manager: Alan Blenkins

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

- outer Burial Containers on display in selection room does not agree with OBCPL presented.*
- 1) "Wilbert Tribute Vault" display in selection room at \$2990.00 does not appear on OBCPL.
 - 2) "Wilbert Stainless Steel Urn" priced at \$2990.00 in selection room — OBCPL shows price of \$2790.00
 - 3) "Wilbert Copper Urn" priced in selection room at \$3890.00 — OBCPL shows price of \$3490.00

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicated that you as owner, manager, or agent in charge of this establishment have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate.

[Signature]
Manager, Owner or Representative

- (4) "Wilbert Bronze" priced in selection room at \$11,900.00 — OBCPL shows price of \$10,900.00

- (5) Statement of Funeral Goods & Services Selected for deceased Richard Mitchell

WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE

CITATION

YOU WILL RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

Order issued by: Bill R. Luna
Date issued: 6-2-2010

DOD 4-17-10 does not list or indicate the items provided for the \$3,800.00 listed for "Total of Special Charges". Only explanation listed on Direct Cremation line is "to match CSTN prices".

VERY IMPORTANT: Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.

Memorandum

To: Robert Gribble, Executive Director
From: Bill R. Luna, Field Rep ~~at~~
Date: June 3, 2010
Subject: Inspection of Williams Funeral Homes & Crematory, 2517 Trotwood Ave.,
Columbia, TN 38401 on June 2, 2010

After inspection of the above establishment, I issued a citation for the following violations:

When comparing the Outer Burial Containers on display for sale in the selection room to the Outer Burial Container Price List that had already been presented to me as the current OBC Price List, I found the following:

- (1) "Wilbert Tribute" vault on display in selection room for \$ 2990.00 simply does not appear on the OBC Price List.
- (2) "Wilbert Stainless Steel Triune" vault priced at \$ 2990.00 in selection room-----
OBCPL shows price of \$ 2790.00.
- (3) "Wilbert Copper Triune" vault priced in selection room at \$ 3890.00-----
OBCPL shows price of \$ 3490.00.
- (4) "Wilbert Bronze" vault priced in selection room at \$ 11,900.00-----
OBCPL shows price of \$ 10,900.00.

- (5) Statement of Funeral Goods & Services Selected for deceased Richard Mitchell (copy attached), DOD 4-17-10, does not itemize or otherwise indicate in any manner what the \$ 3,800.00 charge is for. In other words, what goods and/or services was provided for the \$ 3,800.00, listed for "Total of Special Charges". The only explanation listed on the document is on the "Direct Cremation" line and states "to match CSTN prices". I then asked Melicent Clinkenbeard what the abbreviation "CSTN" represented and she stated "Cremation Society of Tennessee". Providers subject to the "Funeral Rule", as this provider is, must itemize the SofFG&SS or in the case of a package offering must indicate the items included in the package, which this document failed to do.


 Date 6-2-10

 Field Representative's Signature Rice L. Rana

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 832-1903
www.state.tn.us/commerce/boards/funeral

HUMAN CREMATORY INSPECTION REPORT

Establishment Name: Williams Funeral Home & Crematory Lic. #: 769
Physical Location Address: 2517 Trotwood Ave. Phone #: 931-388-2135
City, State, Zip Code: Columbia, TN 38401
Mailing Address (if different from above): _____

Licensed Funeral Director serving as Manager: Alan Blaxinn FD #: 3435-3753

Licensed Funeral Director(s) performing cremations: Richard Hale Shelton FD #: 3355-3700

Christopher Taylor 4243 — James B. Davis, Jr. 5579 (Trade)
Melissa Clendenen 5641
Number of cremations performed prior calendar year: 229 Number of cremations present year to date: 97

Number of cremation files examined during this inspection: 18

62-5-504. Prerequisites to Cremation

Acceptable
YES NO

Required cremation permit from Health Department for each deceased..... ☒ ☐

62-5-107. Utilization of Licensed Crematory Facility

Cremation Authorization Form

A. Name, address and telephone number of crematory..... ☒ ☐
B. Signed by authorizing agent..... ☒ ☐
C. Signed and dated by Licensed Funeral Director..... ☒ ☐

62-5-509. Written Receipt for Remains - Records

1. Written receipt for delivery of human remains to crematory facility:

A. Name of decedent..... ☒ ☐
B. Date and time of delivery..... ☒ ☐
C. Type of casket or container remains delivered in..... ☒ ☐
D. Name of person delivering remains to crematory facility..... ☒ ☐
E. Name of funeral home or other establishment..... ☒ ☐
F. Name of person receiving decedent on behalf of crematory facility..... ☒ ☐

2. Written receipt for release of cremated remains from crematory facility:

A. Name of decedent..... ☒ ☐
B. Date and time of release..... ☒ ☐
C. Name of person releasing cremated remains from crematory facility..... ☒ ☐
D. Name of person to whom cremated remains were released..... ☒ ☐
E. Name of funeral home, cemetery or other entity..... ☒ ☐

3. Record (log) of each cremation conducted:

- A. Name of decedent..... ☒ ☐
- B. Date and time of cremation..... ☒ ☐
- C. Manner of final disposition (location, date and manner of final disposition)..... ☒ ☐

62-5-313. Requirements for Operation - (d)(2) Permanent Identification Device

- A. Name of Deceased..... None present ☐ ☐
- B. Date of Birth..... ☐ ☐
- C. Date of Death..... ☐ ☐
- D. Social Security Number..... ☐ ☐

Type of Permanent Identification Device used: ExaminatedNumber of Cremated Remains Present: 0 Number of Cremated Remains Inspected: 0**62-5-507. Crematory Facility Operator Duties**

- Inspection of Crematory Facility
- A. Is cremation in progress at time of inspection..... ☐ ☒
- B. Any excess residue or fragments found in cremation chamber..... ☐ ☒
- C. Any excess residue or fragments found in processing area..... ☐ ☒
- D. Any unauthorized access or visibility noted..... ☐ ☒
- E. Number of retort chambers: 1
- F. Date retort chamber(s) placed in service: 1996
- G. Was retort chamber(s) operational..... ☒ ☐
- H. Temperature of retort chamber(s) when inspected: 1615°F (after approx 4 hours) ☒ ☐
- I. Refrigeration unit(s) on premises..... ☒ ☐
- J. Total body capacity of refrigeration unit(s): 3
- K. Temperature of refrigeration unit(s) at time of inspection: 30°F
- L. Number of bodies present at time of inspection: 0
- M. Unembalmed bodies held for eight (8) hours in refrigeration unit..... ☐ ☐
- N. Embalmed bodies in holding area..... ☐ ☐
- O. Is the crematory facility maintained in a neat, clean and orderly fashion..... ☒ ☐
- P. Has crematory equipment been inspected and/or serviced by manufacturer or other entity..... ☒ ☐
- Date(s) of last inspection/maintenance: 2-22-06 - Obtain copy of report(s)
- Q. Describe system established and maintained for identifying body throughout all phases of holding and cremation process: manifold receipt for remains - log into system - assign ID card that corresponds with name in file - placed down with ID tag in temporary box - only processed one remains at any time
- R. Describe internal system used for tracing location of cremated remains during shipment (mail): mail call - Express Mail - Tracking system
- S. Signed receipt from person receiving cremated remains by mail..... ☐ ☐

0660-9-01 Requirements For A Crematory

- A. Any evidence of commingling of cremated ashes for storage or disposition..... ☐ ☒
- B. Any evidence of more than one (1) body being placed in cremation chamber..... ☐ ☒
- C. Any evidence of more than one (1) cremated remains placed in container..... ☐ ☒
- D. Number of unclaimed cremated remains present at crematory facility: 0 (1 in funeral home - not cremated by this crematory)

Describe procedure for handling and/or disposition of any unclaimed cremated remains When cremating for another licensed establishment, requires art arranging cremation to receive cremated remains.

WARNING ISSUED
(Circle)CITATION ISSUED
(Circle)

Reason(s): _____

Comments: _____



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
FUNERAL BOARD AND BURIAL SERVICES**
600 JAMES ROBERTSON PARKWAY, SECOND FLOOR
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-6062
FAX (615) 632-1903
<http://funeral.tn.gov>

CERTIFIED MAIL

January 14, 2011

Williams Funeral Homes & Crematory
Attn: Alan Blevins, Manager
P.O. Box 38
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT #201100058
FUNERAL BOARD**

Vs.

WILLIAMS FUNERAL HOMES & CREMATORY

Vs.

BRIAN KEITH COOPER

Dear Manager:

The above referenced complaint against the establishment license has been filed with this office. A copy is enclosed for your reference.

A written response is required **within fourteen (14) calendar days** of the receipt of this letter. After we receive your response, there will be an administrative review of the entire file. The legal staff of the Division of Regulatory Boards will recommend a course of action to the Board of Funeral Directors and Embalmers, which will render a final decision in this matter.

The administrative review of this complaint may necessitate investigation by the Regulatory Board Investigators. In the event that action is required, they may conduct interviews with you and/or others in order to gain insight into the events surrounding the complaint. If it is determined that a conference or hearing on this matter is warranted, you will receive a notice as to the date, time and place.

If you have questions regarding the complaint, do not hesitate to contact this office.

Sincerely,

Robert B. Gribble (J)

Robert B. Gribble
Executive Director

RBG:jg

Enclosure(s)

Certified Number 7009 1680 0000 5594 3403

Robert Gribble - advertising

From: Mike Herrin <[REDACTED]>
To: <Funeral.Cemetery.Board@TN.Gov>
Date: 1/10/2011 6:05 PM
Subject: advertising

RECEIVED

JAN 14 2011

**FUNERAL BOARD
BURIAL SERVICES**

Hollo, I did not know if this is a error on the state funeral boards license search website or not but thought i would let someone know. According to advertising on the staff page of www.williamsfh.com, a Brian Cooper is listed as a funeral director but according to the state website, his license is expired.

2517 Trotwood Ave.
Columbia, TN 38401

931-388-2135
Fax 931-388-2137



819 N. Main St.
Mt. Pleasant, TN 38474

931-379-5574
Fax 931-379-5580

January 21, 2011

State of Tennessee
Dept. of Commerce & Insurance
Funeral Board and Burial Services
500 James Robertson Parkway
Second Floor
Nashville, TN 37043-4144

RECEIVED

JAN 26 2011

**FUNERAL BOARD
BURIAL SERVICES**

Re: Complaint #201100058
Attn: Mr. Robert Gribble

Dear Mr. Gribble:

In reference to the above complaint, It was not the Intention of this establishment to place Brian Cooper's picture as a "Licensed Funeral Director" on our website, www.williamsfh.com.

We have contacted our web hosting company, Funeral Net, to see who authorized this placement and were informed that when we sent his photo to be added to the staff, they accidentally made the assumption that he was part of the licensed staff.


They have corrected the information on our site.

Mr. Cooper is in the process of having his licenses re-issued, has completed his Associate's Degree and is lacking only taking the law exam. We do not want this complaint in any way hinder this process as the mis-identification of his picture on the website was nothing that he had any part of.

Please accept our sincere apology that this matter had to be brought to our attention.

Sincerely,

WILLIAMS FUNERAL HOME, INC.


Alan Blevins
Manager

*We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.
This commitment of service will be carried out before, during and after the family's time of need.*

Love Goes On™



Tennessee Board of Funeral Directors and Embalmers
Davy Crockett Tower
500 James Robertson Parkway, Second Floor
Nashville, TN 37243

RECEIVED

MAY 19 2011

FUNERAL BOARD
BURIAL SERVICES

Re: Case Number 21100581

To whom it may concern:

I am writing to you to provide information related to the case in which a funeral assistant's picture and biography was incorrectly placed on the Williams Funeral Home Web site.

This placement was simply due to an oversight on our part and not intentional on anyone's part. This is especially true for Williams Funeral Home, their staff, and management, for they are certain and clear of the regulations in the State of Tennessee.

Should you have further questions relating to this matter, feel free to call at any time.

Sincerely,

Michael Turkiewicz

President



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**
DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

June 10, 2011

Williams Funeral Homes & Crematory
Attn: Alan Blevins, Manager
P.O. Box 38
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT 201100058
FUNERAL BOARD
vs.
WILLIAMS FUNERAL HOMES & CREMATORY
vs.
BRIAN KEITH COOPER**

Dear Manager:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting on April 12, 2011.

After review of the Consent Order and payment of the civil penalty from your establishment, the complaint has been closed.

Sincerely,

Robert B. Gribble (g)

Robert B. Gribble
Executive Director

RBG/jg

Williams Funeral Homes & Crematory
Consent Order - 2011000581

BEFORE THE TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS

IN THE MATTER OF:

WILLIAMS FUNERAL HOMES &
CREMATORY, LICENSE NO. 769
ATTN: ALAN BLEVINS, MANAGER
P.O. BOX 38
COLUMBIA, TN 38402-0038

P3103
F769

Cust Name: WILLIAMS FUNERAL HOMES & CR
Receipt #: 05146845
PAID: 05/30/11
FUN-RBS-2011000581
Trans #4 \$500.00
CI423Funeral Board \$500.00
Check \$500.00

THANK YOU FOR YOUR PAYMENT

CONSENT ORDER

THIS MATTER comes before the Tennessee State Board of Funeral Directors and Embalmers (hereinafter called "Board"), based upon violations found during a consumer complaint. Williams Funeral Homes & Crematory (hereinafter called "Respondent"), voluntarily enters into this Consent Order to avoid formal charges and a contested case proceeding with respect to the matters described herein.

DEFINITIONS

The definitions set out in Tennessee Code Annotated Title 62 and the rules promulgated thereunder are applicable to this Consent Order.

AUTHORITY AND JURISDICTION

Tenn. Code Ann. § 62-5-317, § 56-1-308(a), and Rule 0660-8-.01 of the Tenn. Comp. R. and Regs., the Tennessee State Board of Funeral Directors and Embalmers has the authority to deny, suspend, revoke, and/or impose civil penalty for any violation of any statute, rule or order of the Board.

STIPULATED FINDINGS OF FACT

1. Respondent conducted business at all times pertinent while in possession of a **valid** license, having been issued license number 769.

2. A consumer filed a complaint with the Board of Funeral Directors and Embalmers stating that the Respondent posted the name of Brian Keith Cooper as a licensed funeral director on their website; however, Mr. Cooper was not a licensed funeral director in the state of Tennessee at that time.

STIPULATED CONCLUSIONS OF LAW

Respondent admits that the aforementioned act(s) and conduct of the Respondent as previously described herein constitute a violation(s) of the following statute(s) and/or rule(s):

Tenn. Code Ann. § 62-5-303(a)-(b), "(a) (1) In order to safeguard life and health and to prevent the spread of contagious diseases and to improve sanitary conditions and public health generally, it is required that only properly qualified persons shall engage in funeral directing, embalming and operating of a funeral establishment. (2) Any person engaged in funeral directing, embalming and operating of a funeral establishment in this state shall be licensed by the board created in part 2 of this chapter prior to engaging in funeral directing, embalming and operating of a funeral establishment. (b) It is unlawful for any person to engage in, or offer to engage in, either funeral directing, embalming or operation of a funeral establishment unless the person or business has been duly licensed under this chapter."

Tenn. Code Ann. § 62-5-305, "(a) Every person not previously licensed in this state as a funeral director, desiring to engage in the practice or business of funeral directing, shall make application to the board, along with a nonrefundable fee as set by the board. (b) The application shall contain the name of the applicant, showing that the applicant: (1) Has attained eighteen (18) years of age; (2) Is a citizen of the United States; (3) Is of good moral character; (4) Is properly protected against communicable diseases, either through immunization or education; (5) Has graduated from a high school or has earned a GED recognized by a state education department; (6) Has successfully completed a program of study in funeral service education consisting of no less than thirty (30) semester hours, forty-five (45) quarter hours or the equivalent from a school accredited by the American Board of Funeral Service Education and evidenced by an official transcript; and (7) Has completed two (2) years of apprenticeship in the presence of and under the direction and supervision of a licensed funeral director."

Tenn. Code Ann. § 62-5-307, "(a) No person shall be granted a license to engage in the practice of embalming dead human bodies within this state unless the person makes application to the board for the license, along with a nonrefundable fee as set by the board. (b) The application shall contain the name of the

applicant, showing that the applicant: (1) Has attained eighteen (18) years of age; (2) Is a citizen of the United States; (3) Is of good moral character; (4) Is properly protected against communicable disease, either through immunization or education; (5) Has graduated from a high school or has earned a GED recognized by a state education department; (6) Has obtained an associate of arts degree by successfully completing a mortuary science program consisting of not less than sixty (60) semester hours, ninety (90) quarter hours or the equivalent, with a program accredited by the American Board of Funeral Service Education and evidenced by an official transcript; and (7) Has completed one (1) year of apprenticeship in the presence of and under the direction and supervision of a licensed embalmer."

Tenn. Code Ann. § 62-5-309, "(a) It is unlawful for any person not a registered funeral director or embalmer to engage in funeral directing or embalming. (b) It is unlawful for any person, partnership, firm, association or corporation not licensed as provided in this chapter to engage in the operation of a funeral establishment."

Tenn. Code Ann. § 62-5-314, "The name of any living person who has not been licensed as provided in this chapter shall not be shown or displayed upon any funeral establishment, or used alone, in, as part of or in connection, association, combination or together with the name or title of any person, firm, corporation or other form of enterprise engaged in undertaking or embalming, on any card, sign, stationery or other printed or written instrument or device, in any announcement or advertisement or in any manner so as to give or tend to give the impression that the person is licensed or entitled to practice either as a funeral director or embalmer."

NOW THEREFORE, in order to effectuate Respondent's desires and intentions, Respondent hereby consents and agrees to the following:

- 1. Respondent shall pay a civil penalty in the amount of FIVE HUNDRED DOLLARS (\$500.00), said payment to be received within thirty (30) days of receipt by the Respondent of this consent order together with a signed copy of this Consent Order.**
2. Respondent shall comply with all statutes and rules governing funeral directors and embalmers in this State.
3. The Board shall seek no additional sanctions against the Respondent by reason of the violations admitted herein. The Respondent acknowledges the Board's right to seek additional sanctions against the Respondent for any future violations.

4. Respondent acknowledges, understands and agrees that this settlement in no way binds any other agency, division, department or political subdivision of the State of Tennessee relative to any factual allegations cited herein.
5. Respondent understands that Respondent has a right to a hearing under the Uniform Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5, but Respondent is waiving that right in order to enter this settlement.
6. This Order shall have no effect unless accepted by the Board. Should this Order not be accepted by the Board, it is agreed that the presentation to and consideration of this Consent Order shall in no way prejudice the Board from further participation in either a formal or informal resolution of this matter.

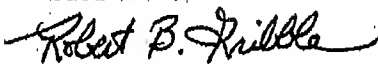
FURTHERMORE, Respondent hereby expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of this Consent Order.

Executed this the 24 day of May, 2011.



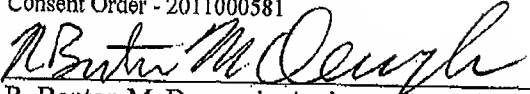
ALAN BLEVINS, MANAGER
WILLIAMS FUNERAL HOMES &
CREMATORY
P.O. BOX 38
COLUMBIA, TN 38402-0038

APPROVED:



Robert B. Gribble, Executive Director
Tennessee Board of Funeral Directors & Embalmers and Burial Services

Williams Funeral Homes & Crematory
Consent Order - 2011000581



R. Benton McDonough, Assistant General Counsel
Department of Commerce and Insurance
Office of Legal Counsel
500 James Robertson Parkway
Davy Crockett Tower, 5th Floor
Nashville, Tennessee 37243
Telephone (615) 741-3072



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 743-5062
FAX (615) 832-1903
http://funeral.tn.gov

5-29-11
Date

Jim R. Luna
Field Representative's Signature

ESTABLISHMENT INSPECTION REPORT

Establishment Name: Williams Funeral Home, Inc. License # 268
Physical Address: 919 North Main St. Phone # 931-379-5574
City, State, Zip Code: Mount Pleasant, TN 38474 Fax # 931-379-5580
Mailing Address (if different from above): _____
Establishment web site address: www.williamsfh.com
Establishment email address: info@williamsfh.com
Contact Person(s) during inspection: Melissant Clinckbeard - Carl Pointer
Funeral Director serving as manager: Carl R. Pointer FD # 5122 Emb # _____
Total Calls previous year: 78 Total Calls current year to date: 24
Total Cremations previous year: 2 Total Cremations current year to date: 4

Licensed Funeral Directors & Embalmers and License Numbers

<u>Richard Hale Shotton - 3355-8700</u>	
<u>Melissant Clinckbeard - 5611</u>	
<u>Alan Blainier - 3425-3753</u>	
<u>Lauren Blainier - 6786</u>	
<u>Robert E. Thayer - 2691</u>	

Apprentice Funeral Director & Embalmers and License Numbers

Pre-Need Sales Agents & License Numbers (Tennessee Code Annotated 62-5-404 a)

<u>Carl Pointer - 119</u>	<u>William Holloway - 932</u>	<u>Alan Blainier - 1105</u>
<u>Amanda Standberry - 923</u>	<u>Paula R. Holloway - 1118</u>	

Pre-Need Sales Registration: (Tennessee Code Annotated 62-5-404 b)

License Number: 656 Expiration Date: 5-31-12

Establishment Inspection Report
02/01/2011

Warning
attached

I. FEDERAL TRADE COMMISSION RULE (Tennessee Rule 0660-11-.06)		ACCEPTABLE	
A. GENERAL PRICE LIST		YES	NO
1. Name, address, & telephone number		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Effective Date		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Consumer's Right of Selection disclosure		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Basic Service Fee disclosure		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Embalming disclosure		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Casket Price List disclosure		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Outer Burial Container Price List disclosure		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Alternative Container for Direct Cremation disclosure		<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Required 16 Itemized Prices on General Price List			
1. Basic Services of Funeral Director and Staff		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Embalming		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Other Preparation of the Body		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Transfer of Remains to Funeral Home		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Use of Facilities and Staff for funeral ceremony		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Use of Facilities and Staff for viewing		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Use of Facilities and Staff for memorial service		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Use of Equipment and Staff for graveside service		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Hearse		<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Limousine	N/A	<input type="checkbox"/>	<input type="checkbox"/>
11. Forwarding of remains to another funeral home		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Receiving of remains from another funeral home		<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Casket Prices		<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Outer Burial Container Prices		<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Immediate Burial		<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Direct Cremation		<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Casket Price List			
1. Name of funeral establishment		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Effective date		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Price and description of each casket and alternative container		<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Outer Burial Container Price List			
1. Name of funeral establishment		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Effective date		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Required disclosure		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Price and description of each outer burial container		<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Statement of Funeral Goods and Services Selected			
1. Cost of services, merchandise & description		<input type="checkbox"/>	<input type="checkbox"/>
2. Legal requirement disclosure		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Embalming disclosure		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Cash Advance disclosure		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Number of Statement of Funeral Goods and Services Contracts examined:	8		

II. CREMATIONS (Tennessee Code Annotated 62-5-107)

1. Name of crematory(s) used by establishment: William Funeral Home & Crematory
2. License number of crematory(s) used: 769
3. Date of inspection report used: 6-2-10
4. Number of cremation files examined during inspection: 4

A. Cremation Authorization Forms:

- | | YES | NO |
|----------------------------------------------|-------------------------------------|--------------------------|
| 1. Name, address & phone number of crematory | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Correct information on form | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Signed by licensed funeral director | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Signed by authorizing agent | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

B. Receipt for Humans Remains delivered to Crematory: (Tennessee Code Annotated 62-5-509 b)

- | | | |
|------------------------------------------|-------------------------------------|--------------------------|
| 1. Name of deceased | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of delivery | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Type of container | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person delivering decedent | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of person receiving decedent | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Name of funeral home or establishment | <input type="checkbox"/> | <input type="checkbox"/> |

C. Receipt of Cremated Remains: (Tennessee Code Annotated 62-5-509 d)

- | | | |
|------------------------------------------------------------|-------------------------------------|--------------------------|
| 1. Name of decedent | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of release of cremated remains | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Name of person to whom cremated remains released | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person releasing cremated remains | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of Establishment to whom cremated remains released | <input type="checkbox"/> | <input type="checkbox"/> |

III. Permanent Identification Device (Tennessee Code Annotated 62-5-313 (d)(1))

A. Type of permanent identification device used: Permanently

1. Number of bodies in funeral establishment at time of inspection: 0
2. Number of bodies checked during inspection: _____
3. Location of bodies checked: _____
4. Family/public present while body checked: _____
 - A. Name of Decedent _____ ☐ ☐
 - B. Date of Birth of Decedent _____ ☐ ☐
 - C. Date of Death of Decedent _____ ☐ ☐
 - D. Social Security Number of Decedent _____ ☐ ☐

IV. Public Areas (Tennessee Rule 0660-11-.04)

1. Public areas in good state of repair ☒ ☐
2. Sidewalks, entrances, walkways free of debris/obstacles ☒ ☐
3. Restrooms-Clean/stocked with hand soap, toilet tissue, paper towels ☒ ☐

V. Preparation Rooms (Tennessee Rule 0660-11-.02)

ACCEPTABLE

YES NO

- | | | |
|-----------------------------------------------------------|--------------------------|--------------------------|
| 1. Floor Composition | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ventilation/Exhaust Fan | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Instrument Disinfection Chemicals Present | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Trash Container Covered Non-Porous Bag | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Soiled Laundry/Linen Container Covered, Non-Porous Bag | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Chemical Storage | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Excess Storage Control | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Paper towels, hand soap | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. All Surfaces/Tables/Fixtures/Equipment sanitary | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Secured to prevent unauthorized entry | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. No window visibility | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Orderly/Free from clutter | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Used only for preparation of dead human bodies | <input type="checkbox"/> | <input type="checkbox"/> |

*No Embalming
Room at this
location*

If no preparation room at this establishment, state where embalmings performed:

*William's Funeral Home & Crematory
2517 Ironwood Ave - Columbia*

VI. Name of Establishment (Tennessee Rule 0660-01-.03 2)

- | | | |
|----------------------|-------------------------------------|--------------------------|
| 1. Signage | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Advertisements | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Business Cards | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Internet web site | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Price Lists | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Other mediums | <input type="checkbox"/> | <input type="checkbox"/> |

REMARKS:



TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS
NASHVILLE, TENNESSEE

NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: Williams Funeral Home, Inc.
Name of establishment or individual

Address: 819 North Main St.
Street

License # 268

Mount Pleasant, TN 38474
City State Zip

Manager: Carl R. Pointh

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

- (1) 0660-11-.06 — TCA 62-5-106 — Cremation package offerings "Family Identification", "Gathering of Remembrances", "Ceremony of Simplicity", & "Gathering & Ceremony of Choice" fail to clearly identify the items included from the 16 required items on SPL and specific merchandise. Terms such as "appropriate preparation of deceased" is

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicated that you as owner, manager, or agent in charge of this establishment have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate.

Carl R. Pointh
Manager, Owner or Representative

not in compliance, as well as other line items such as "premium cremation containers", "motorized equipment", etc. (Sof. F&H SS for deceased, 1 amok here)

WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE

CITATION

YOU WILL RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

20 Calendar Days
DOD-2-12-11

Order issued by: Bice R. Luna

Date issued: 3-29-11

VERY IMPORTANT: Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.

Warning
attached

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 592-1803
http://funeral.tn.gov

6-7-11
Date
Eric T. Luna
Field Representative's Signature

ESTABLISHMENT INSPECTION REPORT

Establishment Name: William's Funeral Home & Crematory License # 769
Physical Address: 2517 Inatwood Ave. Phone # 931-388-2135
City, State, Zip Code: Columbia, TN 38401 Fax # 931-388-2137
931-381-3014
Mailing Address (if different from above): _____

Establishment web site address: www.williamsfh.com

Establishment email address: info@williamsfh.com

Contact Person(s) during inspection: Hale Sheltan - Malcom Clinkenbard - Mary Jackson

Funeral Director serving as manager: Alan Blenire FD # 3435 Emb # 3753

Total Calls previous year: 189 Total Calls current year to date: 87

Total Cremations previous year: 71 Total Cremations current year to date: 25

Licensed Funeral Directors & Embalmers and License Numbers

<u>Richard Hale Sheltan - 3355-3700</u>	<u>Brian K. Cooper - 4760-4761 (as needed)</u>
<u>Malcom K. Clinkenbard - 5611</u>	<u>James E. Haines Jr. - 5579-5580 (Trade)</u>
<u>Carl R. Poate - 5122</u>	
<u>Larion Bailey Blenire - 6216</u>	
<u>Robert E. Thomas - 2691 (as needed)</u>	
<u>Christopher Taylor - 4243-4247 (Trade)</u>	

Apprentice Funeral Director & Embalmers and License Numbers

<u>Kerry Beahm - 7222</u>	
<u>Gerald E. Strahan - 4384</u>	

Pre-Need Sales Agents & License Numbers (Tennessee Code Annotated 62-5-404 a)

<u>Alan Blenire - 1103</u>	<u>Theresa Kelly Benton - 197</u>
<u>Carl R. Poate - 119</u>	<u>Paula G. Lindsey - 118</u>

Pre-Need Sales Registration: (Tennessee Code Annotated 62-5-404 b)

License Number: 469 Expiration Date: 3-31-12

I. FEDERAL TRADE COMMISSION RULE (Tennessee Rule 0660-11-06)

ACCEPTABLE

A. GENERAL PRICE LIST

YES NO

- | | | |
|----------------------------------------------------------|-------------------------------------|--------------------------|
| 1. Name, address, & telephone number | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective Date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Consumer's Right of Selection disclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Basic Service Fee disclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Embalming disclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Casket Price List disclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Outer Burial Container Price List disclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Alternative Container for Direct Cremation disclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

B. Required 16 Itemized Prices on General Price List

- | | | |
|-----------------------------------------------------|-------------------------------------|--------------------------|
| 1. Basic Services of Funeral Director and Staff | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Embalming | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Other Preparation of the Body | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Transfer of Remains to Funeral Home | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Use of Facilities and Staff for funeral ceremony | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Use of Facilities and Staff for viewing | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Use of Facilities and Staff for memorial service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Use of Equipment and Staff for graveside service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Hearse | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Limousine <i>N/A</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Forwarding of remains to another funeral home | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Receiving of remains from another funeral home | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Casket Prices | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Outer Burial Container Prices | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Immediate Burial | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Direct Cremation | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

C. Casket Price List

- | | | |
|-------------------------------------------------------------------|-------------------------------------|--------------------------|
| 1. Name of funeral establishment | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Price and description of each casket and alternative container | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

D. Outer Burial Container Price List

- | | | |
|---------------------------------------------------------|-------------------------------------|--------------------------|
| 1. Name of funeral establishment | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Required disclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Price and description of each outer burial container | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

E. Statement of Funeral Goods and Services Selected

- | | | |
|------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|
| 1. Cost of services, merchandise & <u>description</u> | <input type="checkbox"/> | <input type="checkbox"/> <i>warning</i> |
| 2. Legal requirement disclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Embalming disclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Cash Advance disclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Number of Statement of Funeral Goods and Services Contracts examined: <u>18</u> | | |

II. CREMATIONS (Tennessee Code Annotated 62-5-107)

(on site)

1. Name of crematory(s) used by establishment: William J. & Son Funeral Home & Crematory
2. License number of crematory(s) used: 769
3. Date of Inspection report used: 6-2-10
4. Number of cremation files examined during inspection: _____

A. Cremation Authorization Forms:

YES NO

1. Name, address & phone number of crematory _____ ☐ ☐
2. Correct information on form _____ ☐ ☐
3. Signed by licensed funeral director _____ ☐ ☐
4. Signed by authorizing agent _____ ☐ ☐

B. Receipt for Humans Remains delivered to Crematory: (Tennessee Code Annotated 62-5-509 b)

1. Name of deceased _____ ☐ ☐
2. Date & time of delivery _____ ☐ ☐
3. Type of container _____ ☐ ☐
4. Name of person delivering decedent _____ ☒ ☐
5. Name of person receiving decedent _____ ☐ ☐
6. Name of funeral home or establishment _____ ☐ ☐

C. Receipt of Cremated Remains: (Tennessee Code Annotated 62-5-509 d)

1. Name of decedent _____ ☐ ☐
2. Date & time of release of cremated remains _____ ☐ ☐
3. Name of person to whom cremated remains released _____ ☒ ☐
4. Name of person releasing cremated remains _____ ☐ ☐
5. Name of Establishment to whom cremated remains released _____ ☐ ☐

III. Permanent Identification Device (Tennessee Code Annotated 62-5-313 (d)(1))

A. Type of permanent identification device used: Laminated

1. Number of bodies in funeral establishment at time of inspection: 4
2. Number of bodies checked during inspection: 4 (1 - 2 - 3 - 4)
3. Location of bodies checked: Embalming Room (1 - 2 - 3 - 4)
4. Family/public present while body checked: _____
 - A. Name of Decedent _____ ☒ ☐
 - B. Date of Birth of Decedent _____ ☒ ☐
 - C. Date of Death of Decedent _____ ☒ ☐
 - D. Social Security Number of Decedent _____ ☒ ☐

IV. Public Areas (Tennessee Rule 0660-11-.04)

1. Public areas in good state of repair _____ ☒ ☐
2. Sidewalks, entrances, walkways free of debris/obstacles _____ ☒ ☐
3. Restrooms-Clean/stocked with hand soap, toilet tissue, paper towels _____ ☒ ☐

V. Preparation Rooms (Tennessee Rule 0660-11-.02)**ACCEPTABLE**

	YES	NO
1. Floor Composition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Ventilation/Exhaust Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Instrument Disinfection Chemicals Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Trash Container Covered Non-Porous Bag	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Soiled Laundry/Linen Container Covered, Non-Porous Bag	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Chemical Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Excess Storage Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Paper towels, hand soap	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. All Surfaces/Tables/Fixtures/Equipment sanitary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Secured to prevent unauthorized entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. No window visibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Orderly/Free from clutter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Used only for preparation of dead human bodies	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If no preparation room at this establishment, state where embalming performed: _____

VI. Name of Establishment (Tennessee Rule 0660-01-.03 2)

1. Signage	<input type="checkbox"/>	<input type="checkbox"/>
2. Advertisements	<input type="checkbox"/>	<input type="checkbox"/>
3. Business Cards	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Internet web site	<input type="checkbox"/>	<input type="checkbox"/>
5. Price Lists	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Other mediums	<input type="checkbox"/>	<input type="checkbox"/>

corrected site

REMARKS:



TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS
NASHVILLE, TENNESSEE

NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: William's Funeral Home & Crematory
Name of establishment or individual

Address: 2517 Trotwood Ave.
Street

License # 769 Columbia Tn 38401
City State Zip

Manager: Alan Blenins

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

(1) 0660-11-06 - 577455 - package offerings listed on Statement of Funeral Goods & Services Selected must list each item included and state the name of the package sold along with the package price.

(2) 0660-11-06 - OBCPL - Wilbert Tribute & Wilbert SST Friene priced \$100.00 higher on package offering sheet displayed in selection room than the OBCPL states.

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicated that you as owner, manager, or agent in charge of this establishment have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate.

[Signature]
Manager, Owner or Representative

(3) 0660-11-06 - Items included in cremation package offerings must agree in description with listings required on HPL for required 16 items - Display in

WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE 20 Calendar days

CITATION

YOU WILL RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

Order issued by: Eric F. Luna

Date issued: 6-7-11

selection room needs to agree with language on package offering sheet for cremation offerings.

(4) 0660-11-06 - prescription for items included in funeral package (traditional) needs to agree with same on HPL.

VERY IMPORTANT: Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.

(5) Refrigeration unit in crematory - temperature gauge not working.



Date 6-7-11

Bill R. Luna
Field Representative's Signature

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5862
FAX (615) 532-1803

www.state.tn.us/commerce/boards/funeral

HUMAN CREMATORY INSPECTION REPORT

Establishment Name: William J. James & Son Crematory Lic. #: 769
Physical Location Address: 2517 Iratwood Ave. Phone #: 931-388-2135
City, State, Zip Code: Columbia, TN 38401
Mailing Address (if different from above): _____
Licensed Funeral Director serving as Manager: Alan Blenies FD #: _____
Licensed Funeral Director(s) performing cremations: Richard Hale Speltz FD #: 3355
Christopher Taylor - 4245 Brian K. Cooper - 4760
Number of cremations performed prior calendar year: 247 Number of cremations present year to date: 136
Number of cremation files examined during this inspection: 15

62-5-504. Prerequisites to Cremation

Required cremation permit from Health Department for each deceased.....

Acceptable	
YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

62-5-107. Utilization of Licensed Crematory Facility

Cremation Authorization Form

- | | | |
|---------------------------------------------------------|-------------------------------------|--------------------------|
| A. Name, address and telephone number of crematory..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Signed by authorizing agent | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Signed and dated by Licensed Funeral Director | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

62-5-509. Written Receipt for Remains - Records

1. Written receipt for delivery of human remains to crematory facility:

- | | | |
|---------------------------------------------------------------------------|-------------------------------------|--------------------------|
| A. Name of decedent..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Date and time of delivery | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Type of casket or container remains delivered in..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Name of person delivering remains to crematory facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Name of funeral home or other establishment..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F. Name of person receiving decedent on behalf of crematory facility..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

2. Written receipt for release of cremated remains from crematory facility:

- | | | |
|---------------------------------------------------------------------------|-------------------------------------|--------------------------|
| A. Name of decedent..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Date and time of release..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Name of person releasing cremated remains from crematory facility..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Name of person to whom cremated remains were released..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Name of funeral home, cemetery or other entity..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

3. Record (log) of each cremation conducted:

- A. Name of decedent..... ☒ YES ☐ NO
- B. Date and time of cremation..... ☒ YES ☐ NO
- C. Manner of final disposition (location, date and manner of final disposition)..... ☐ YES ☒ NO

62-5-313. Requirements for Operation - (d)(2) Permanent Identification Device

- A. Name of Deceased..... ☐ YES ☐ NO
- B. Date of Birth..... ☐ YES ☐ NO
- C. Date of Death..... ☐ YES ☐ NO
- D. Social Security Number..... ☐ YES ☐ NO

Type of Permanent Identification Device used: RemineralizedNumber of Cremated Remains Present: 1 Number of Cremated Remains Inspected: 0 (Not yet in urn)**62-5-507. Crematory Facility Operator Duties**

Inspection of Crematory Facility

- A. Is cremation in progress at time of inspection..... ☐ YES ☒ NO
- B. Any excess residue or fragments found in cremation chamber..... ☐ YES ☒ NO
- C. Any excess residue or fragments found in processing area..... ☐ YES ☒ NO
- D. Any unauthorized access or visibility noted..... ☐ YES ☒ NO
- E. Number of retort chambers: 1
- F. Date retort chamber(s) placed in service: 1996 ☒ YES ☐ NO
- G. Was retort chamber(s) operational..... ☒ YES ☐ NO
- H. Temperature of retort chamber(s) when inspected: 2100 °F ☒ YES ☐ NO
- I. Refrigeration unit(s) on premises..... ☒ YES ☐ NO
- J. Total body capacity of refrigeration unit(s): 3
- K. Temperature of refrigeration unit(s) at time of inspection: thermostat not working
- L. Number of bodies present at time of inspection: 1 ☒ YES ☐ NO
- M. Unembalmed bodies held for eight (8) hours in refrigeration unit..... ☒ YES ☐ NO
- N. Embalmed bodies in holding area..... ☐ YES ☐ NO
- O. Is the crematory facility maintained in a neat, clean and orderly fashion..... ☒ YES ☐ NO
- P. Has crematory equipment been inspected and/or serviced by manufacturer or other entity..... ☒ YES ☐ NO
- Q. Describe system established and maintained for identifying body throughout all phases of holding and cremation process: Date(s) of last inspection/maintenance: 8-18-10 attached - Obtain copy of report(s)
TD done with number for record keeping to name and file - please
disc with TD in trip thru - preparation only 1 remains at any time

R. Describe internal system used for tracing location of cremated remains during shipment (mail): Mail CallS. Signed receipt from person receiving cremated remains by mail: Express Mail ☐ YES ☐ NO**6680-9-.01 Requirements For A Crematory**

- A. Any evidence of commingling of cremated ashes for storage or disposition..... ☐ YES ☒ NO
- B. Any evidence of more than one (1) body being placed in cremation chamber..... ☐ YES ☒ NO
- C. Any evidence of more than one (1) cremated remains placed in container..... ☐ YES ☒ NO
- D. Number of unclaimed cremated remains present at crematory facility: 0 - (1 in funeral home not cremated here)

Describe procedure for handling and/or disposition of any unclaimed cremated remains: When crematory for another licensed establishment requires establishment to receive cremated remains**WARNING ISSUED**
(Circle)**CITATION ISSUED**
(Circle)Reason(s): Thermostat (temperature gauge on refrigeration unit not working -
TCR 62-5-507(4) - Manner of final disposition
must disclose location of disposition

Comments: _____



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS
DAVY CROCKETT TOWER
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 832-1903
<http://funeral.tn.gov>

January 12, 2012

Mike Andrews
[REDACTED]

Columbia, TN 38401

RE: FUNERAL COMPLAINT #201200086
MIKE ANDREWS

VS.

WILLIAMS FUNERAL HOMES & CREMATORY

Dear Mike Andrews:

This is to acknowledge receipt of the above referenced complaint filed by you. After receipt of a response from those complained against, and any additional investigation, our legal counsel will present the matter to the Board of Funeral Directors and Embalmers, which will render a final decision. You will be notified of your complaint's disposition.

It is important to note that our Boards and Commissions cannot recover or order the refund of any money or property to which you may be entitled. You must institute a civil lawsuit for this purpose and hire your own legal counsel, if necessary.

If additional information is needed, you will be contacted.

Sincerely,

Robert B. Gribble

Robert B. Gribble
Executive Director

RBG/jg

BASIS FOR YOUR COMPLAINT

(Give a complete statement of the facts, with dates. Add additional sheets if necessary. Also, attach originals of all documents that will support your allegations. You should retain copies.)

As of, April 1, 2008, I quit working for Williams Funeral Home and Polk Memorial Gardens. The Funeral Home has maintained keeping my picture and my name on their website, which is a lie. They also have used my picture in the advertising of the local newspaper. After calling the funeral home and requesting for someone to call me back, no one has yet to respond. As of Jan 6, 2012 it is still on their website.

I left a message for Lauren Blasing, co-owner of the Funeral Home and cemetery to call me back, and she has not responded.

My request was to have my picture and my name removed from ~~their~~ all of their advertisements.

Mike Andrews Jr. 1-7-12

Other person(s) with firsthand knowledge of your complaint:

Name Wanda Andrews

Address 4013 Park Drive Col. TN 38401
(Street Address) (City, State, Zip)

Home Phone 931-388-5789 Business Phone _____

(Attach an additional sheet if necessary.)

Have you consulted an attorney? Yes _____ No ✓ not yet?

If YES, please provide the following:

Name of Attorney _____

Address _____
(Street Address) (City, State, Zip)

Phone _____

Are you licensed by this State Board? Yes _____ No _____

If YES, give license number _____

Complainant Signature _____

Optional

(Except for Collections Services & Land Surveyors Complaints)

State of Tennessee

County of Maury

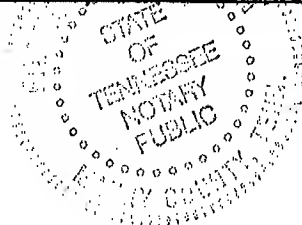
On this 7 day of January, 2012, personally appeared before me the complainant name in the foregoing complaint who, on oath, says that the facts above stated are true to the best of his (or her) information and belief.

Witness my hand and seal at January 7 2012 this date.

Francis P. Dickson
Notary Public

My Commission Expires:

August 23, 2012



2517 Trotwood Ave.
Columbia, TN 38401

931-388-2135
Fax 931-388-2137



819 N. Main St.
Mt. Pleasant, TN 38474

931-379-5574
Fax 931-379-5580

RECEIVED

JAN 25 2012

**FUNERAL BOARD
BURIAL SERVICES**

January 23, 2012

Response to Funeral Complaint #201200086
Mike Andrews vs. Williams Funeral Home and Crematory

This written response acknowledges receipt of the complaint against Williams Funeral Home and Crematory by Mr. Mike Andrews.

Mr. Andrews was employed by Williams Funeral Home and Crematory as a part-time, non-licensed Funeral Assistant (Greeter) until April of 2008, when a "retirement" party was given for him in appreciation of his work at Williams. At that time, and subsequent months later, there was never any mention by Mr. Andrews to remove his photo from the web site. It was our understanding that he may make himself available to assist if we ever were in a bind and needed extra help.

Recently, Mr. Andrews did casually mention to an employee that he wanted his name off the website, but he never made a direct request to me. His wife did leave a message for a return call with Lauren Blevins, my daughter, but she did not state what the call was regarding. Lauren assumed that the call was personal since the Andrews family and I have always been good friends. I feel that Mr. Andrews is being influenced by a disgruntled former employee.

In response to this misunderstanding, Mr. Andrews' picture and name have been removed from the website and will no longer be associated with Williams Funeral Home and Crematory. We hope this action resolves the complaint and satisfies the matter for the Board.

Sincerely Submitted,

Alan Blevins

*We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.
This commitment of service will be carried out before, during and after the family's time of need.*

Love Goes On™



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**
DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 632-1903
<http://funeral.tn.gov>

May 11, 2012

Mike Andrews
[REDACTED]

Columbia, TN 38401


**RE: FUNERAL COMPLAINT 201200086
MIKE ANDREWS
vs.
WILLIAMS FUNERAL HOME & CREMATORY**

Dear Mike Andrews:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting on May 8, 2012.

After discussion and review of the complaint and response with legal counsel, it was decided to close the referenced complaint without further action.

Sincerely,

Robert B. Gribble 

Robert B. Gribble
Executive Director

RBG/lm



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**

DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5082
FAX (615) 532-1903
<http://funeral.tn.gov>

May 11, 2012

Williams Funeral Home & Crematory
Attn: Alan Blevins, Manager
P.O. Box 38
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT 201200086
MIKE ANDREWS**

vs.

WILLIAMS FUNERAL HOME & CREMATORY

Dear Manager:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting on May 8, 2012.

After discussion and review of the complaint and response with legal counsel, it was decided to close the referenced complaint without further action.

Sincerely,

Robert B. Gribble (Signature)

Robert B. Gribble
Executive Director

RBG/lm



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
FUNERAL BOARD AND BURIAL SERVICES**
500 JAMES ROBERTSON PARKWAY, SECOND FLOOR
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

CERTIFIED MAIL

March 19, 2012

Williams Funeral Homes & Crematory
Attn: Alan Blevins, Manager
P.O. Box 38
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT #201200716
OAKES & NICHOLS, INC.**

vs.

WILLIAMS FUNERAL HOMES & CREMATORY

Dear Manager:

The above referenced complaint against the establishment license has been filed with this office. A copy is enclosed for your reference.

A written response is required **within fourteen (14) calendar days** of the receipt of this letter. **All correspondence pertaining to this complaint should be sent to the above address with the complaint number referenced on the correspondence.** After we receive your response, there will be an administrative review of the entire file. The legal staff of the Division of Regulatory Boards will recommend a course of action to the Board of Funeral Directors and Embalmers, which will render a final decision in this matter.

The administrative review of this complaint may necessitate investigation by the Regulatory Board Investigators. In the event that action is required, they may conduct interviews with you and/or others in order to gain insight into the events surrounding the complaint. If it is determined that a conference or hearing on this matter is warranted, you will receive a notice as to the date, time and place.

If you have questions regarding the complaint, do not hesitate to contact this office.

Sincerely,

Robert B. Gribble (J)

Robert B. Gribble
Executive Director

RBG:jg

Enclosure(s)

Certified Number 7011 0470 0001 0474 9690

Oakes & Nichols, Inc.

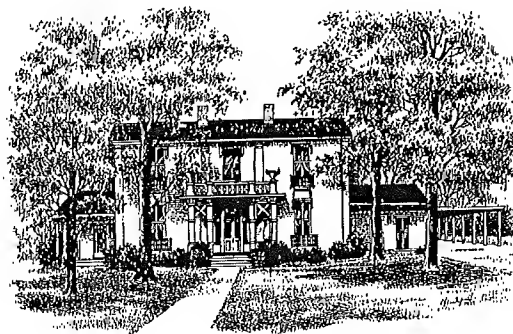
Funeral Directors Since 1856

320 West Seventh Street - P. O. Box 1015

Columbia, Tennessee 38402-1015

Telephone (931) 388-4711

Bunny Sowell & Tony Sowell



RECEIVED

MAR 15 2012

FUNERAL BOARD
BURIAL SERVICES

Mr. Robert Gribble, Executive Director
Tennessee Board of Funeral Directors & Embalmers
Davy Crockett Tower
500 James Robertson Parkway
Nashville, Tennessee 37243-1144

Enclosed please find copies of two advertisements which have appeared in the Columbia, Tennessee newspaper *THE DAILY HERALD* on a number of occasions. The copies enclosed each appeared in the Sunday, March 11, 2012 edition of the paper.

The advertisement from Williams Funeral Home & Crematory lists a **Simple Cremation Service** (direct cremation with container) **only \$750.00**. The firm's General Price List, copy enclosed, does not list this "package" as advertised, nor are the charges itemized in the explanation of the package.

The advertisement from Heritage Funeral Home & Cremation Services lists **Cremations Starting at \$892.00**. The firm's price list on their website (www.tnFunerals.com) does not list this "package" as advertised, nor are the charges itemized in the explanation of the package.

Please advise if these advertisements and what they represent are consistent and in compliance with the requirements of Tennessee Funeral Laws and policies as set forth in the TENNESSEE CODE, ANNOTATED.

Thank you for your consideration of this request.

Matthew F. Sowell
Oakes & Nichols, Inc.

ENCLOSURES:



SELECTED
Independent
FUNERAL HOMES
Member by Invitation





2517 Trotwood Ave.
Columbia, TN 38401

931-388-2135
Fax 931-388-2137

FUNERAL HOMES & CREMATORY

www.williamsfh.com

819 N. Main St.
Mt. Pleasant, TN 38474

931-379-5574
Fax 931-379-5580

Mr. Robert Gribble, Executive Director
Tennessee Board of Funeral Directors and Embalmers
Davy Crockett Tower
500 James Robertson Parkway
Nashville, TN 37243-1144

RECEIVED

MAR 29 2012

FUNERAL BOARD
BURIAL SERVICES

This letter acknowledges receipt of Funeral Complaint #201200716 by Matthew F. Sowell of Oakes & Nichols, Inc. against Williams Funeral Homes and Crematory, and also serves as our response of said complaint.

First of all, complainant submitted an ad from *The Daily Herald* from March 11, 2012. The ad clearly states that our price is effective 7/25/2011, but he submitted to you our GPL effective 4/15/2011. I have enclosed our latest GPL dated 7/25/2011.

Second, by Federal Rule, Direct Cremation is one of four *minimal services* required to be listed on the GPL (the other three are: forwarding of remains, receiving remains, and immediate burial). Direct Cremation is NOT considered a package under the Federal Rule and does not have to be presented as a package on the GPL. Likewise, the Federal rule requires a range of prices for a direct cremation (all inclusive) and *one* price for a direct cremation with the family providing the container and *one* price for a direct cremation with an alternative container provided by the funeral home. Federal rules states that items included in the minimal service be listed, but the cost of each item does not have to be itemized.

For the state to call a direct cremation a "package" and require an itemization of the cost of each item in a direct cremation goes against the general understanding of the Federal Rule. Also, to say that Direct Cremation is a minimal service for GPL and contract purposes, and then call it a package for advertising purposes, is arbitrary and confusing. In addition, if the state takes this position on direct cremation, then it must also apply the position to the advertising of forwarding of remains, immediate burials and receiving remains.

In light of the above response, we ask that this complaint to be dismissed.

Sincerely,

Alan Blevins
Owner-Manager
ENCLOSURE

*We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.
This commitment of service will be carried out before, during, and after the family's time of need.*

Love Goes On™



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**
DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

September 5, 2012

Williams Funeral Home & Crematory
Attn: Alan Blevins
PO Box 38
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT # 201200716
OAKES & NICHOLS, INC.
vs.
WILLIAMS FUNERAL HOME & CREMATORY**

Dear Manager:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting on August 14, 2012.

After discussion and review of the complaint and response with our legal counsel, it was decided to close this complaint with a **Letter of Warning**.

Sincerely,

Lisa Mosby
Complaint Coordinator



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
OFFICE OF LEGAL COUNSEL

500 JAMES ROBERTSON PARKWAY
DAVY CROCKETT TOWER, 5TH FLOOR
NASHVILLE, TENNESSEE 37243
TELEPHONE (615) 741-3072 FACSIMILE (615) 741-4750

August 15, 2012

Williams Funeral Homes & Crematory
Attn: Alan Blevins, Manager
P.O. BOX 38
Columbia, Tennessee 38402-0038

Via Certified Mail No. 7011 2970 0003 4360 3554

RE: Letter of Warning
Case Number L12-FUN-RBS-2012007161


Dear Mr. Blevins:

I serve as legal counsel for the Tennessee Board of Funeral Directors and Embalmers. Please be advised that the Board recently considered a matter in which you advertised a Simple Cremation Service (direct cremation with container) in a local publication without providing an itemized price for each item. Please note that this area is governed by Tennessee Code Annotated § 62-5-106.

Please take appropriate steps to ensure that in the future you comply with this statutory requirement. Failure to do so may result in disciplinary action by the Board. A copy of the Funeral Directors and Embalmers law and the Board's rules can be obtained from the Funeral Board and Burial Services website at:
<http://tn.gov/commerce/boards/funeral/index.shtml>.

Thank you for your prompt attention to this matter.

Sincerely,


R. Benton McDonough
Assistant General Counsel

New Establishment Application Initial Inspection



Date 10-1-12

Steve R. Luna
Field Representative's Signature

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5082
FAX (615) 532-1903

www.state.tn.us/commerce/boards/funeral

HUMAN CREMATORY INSPECTION REPORT

Establishment Name: *Polk Memorial Crematory* Lic. #: *New application*

Physical Location Address: *6465 Frostdale Avenue* Phone #: *931-388-1803*

City, State, Zip Code: *Columbia, TN 38401*

Mailing Address (if different from above): *P.O. Box 58 - 38401*

Licensed Funeral Director serving as Manager: *Alan Blenkins* FD #: *3435*

Licensed Funeral Director(s) performing cremations: *Lauren Blenkins* FD #: *6216*

Number of cremations performed prior calendar year: *New applications* Number of cremations present year to date: _____

Number of cremation files examined during this inspection: _____

62-5-504. Prerequisites to Cremation

Required cremation permit from Health Department for each deceased: *New application* Acceptable YES ☐ NO ☐

62-5-107. Utilization of Licensed Crematory Facility *Form to be used is attached*

Cremation Authorization Form

- A. Name, address and telephone number of crematory: ☐ ☐
- B. Signed by authorizing agent: ☐ ☐
- C. Signed and dated by Licensed Funeral Director: ☐ ☐

62-5-509. Written Receipt for Remains - Records

1. Written receipt for delivery of human remains to crematory facility: *New application Form attached*
- A. Name of decedent: ☐ ☐
- B. Date and time of delivery: ☐ ☐
- C. Type of casket or container remains delivered in: ☐ ☐
- D. Name of person delivering remains to crematory facility: ☐ ☐
- E. Name of funeral home or other establishment: ☐ ☐
- F. Name of person receiving decedent on behalf of crematory facility: ☐ ☐
2. Written receipt for release of cremated remains from crematory facility: *Form attached*
- A. Name of decedent: ☐ ☐
- B. Date and time of release: ☐ ☐
- C. Name of person releasing cremated remains from crematory facility: ☐ ☐
- D. Name of person to whom cremated remains were released: ☐ ☐
- E. Name of funeral home, cemetery or other entity: ☐ ☐

3. Record (log) of each cremation conducted:

A. Name of decedent.....

B. Date and time of cremation.....

C. Manner of final disposition (location, date and manner of final disposition).....

New Application

62-5-313. Requirements for Operation -- (d)(2) Permanent Identification Device

A. Name of Deceased.....

B. Date of Birth.....

C. Date of Death.....

D. Social Security Number.....

YES

NO

Type of Permanent Identification Device used: *Laminated*

Number of Cremated Remains Present: *0*

Number of Cremated Remains Inspected: _____

62-5-507. Crematory Facility Operator Duties

Inspection of Crematory Facility

A. Is cremation in progress at time of inspection.....

B. Any excess residue or fragments found in cremation chamber.....

C. Any excess residue or fragments found in processing area.....

D. Any unauthorized access or visibility noted.....

E. Number of retort chambers: *1*

F. Date retort chamber(s) placed in service: _____

G. Was retort chamber(s) operational.....

H. Temperature of retort chamber(s) when inspected: _____

I. Refrigeration unit(s) on premises.....

J. Total body capacity of refrigeration unit(s): *3*

K. Temperature of refrigeration unit(s) at time of inspection: *37°F*

L. Number of bodies present at time of inspection: *2*

M. Unembalmed bodies held for eight (8) hours in refrigeration unit.....

N. Embalmed bodies in holding area.....

O. Is the crematory facility maintained in a neat, clean and orderly fashion.....

P. Has crematory equipment been inspected and/or serviced by manufacturer or other entity.....

Date(s) of last inspection/maintenance: _____

- Obtain copy of report(s)

Q. Describe system established and maintained for identifying body throughout all phases of holding and cremation process: *Assigned to remain upon arrival - Disc*

Assigned - Stay with remain throughout process

R. Describe internal system used for tracing location of cremated remains during shipment (mail): *USPS -*

S. Signed receipt from person receiving cremated remains by mail.....

0660-9-.01 Requirements For A Crematory

A. Any evidence of commingling of cremated ashes for storage or disposition.....

B. Any evidence of more than one (1) body being placed in cremation chamber.....

C. Any evidence of more than one (1) cremated remains placed in container.....

D. Number of unclaimed cremated remains present at crematory facility: _____

YES

NO

Describe procedure for handling and/or disposition of any unclaimed cremated remains

Go Back to Funeral Home that Arranged Cremation

WARNING ISSUED

(Circle)

CITATION ISSUED

(Circle)

Reason(s): _____

Comments:

Initial Inspection - 0660-6-01(1)(a) regarding connection to summer sept to needs to be addressed

Citation attached



12-6-12
Date
Eric R. Lima
Field Representative's Signature

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903

www.state.tn.us/commerce/boards/funeral

HUMAN CREMATORY INSPECTION REPORT

Establishment Name: *Salts Memorial Crematory* Lic. #: *1255*
Physical Location Address: *6465 Trotwood Ave.* Phone #: *931-388-2135*
City, State, Zip Code: *Columbia, TN 38401*
Mailing Address (if different from above): _____

Licensed Funeral Director serving as Manager: *Alan Blenins* FD #: *3435*

Licensed Funeral Director(s) performing cremations: *Lauren Blenins* FD #: *6216*

Melissent Claiborne - 5611 *Alan Blenins - 3435*

Number of cremations performed prior calendar year: *10-12-12* Number of cremations present year to date: *45*

Number of cremation files examined during this inspection: *9*

62-5-504. Prerequisites to Cremation

Required cremation permit from Health Department for each deceased.....

Acceptable	
YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

62-5-107. Utilization of Licensed Crematory Facility

Cremation Authorization Form

A. Name, address and telephone number of crematory.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Signed by authorizing agent.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Signed and dated by Licensed Funeral Director.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

62-5-509. Written Receipt for Remains - Records

1. Written receipt for delivery of human remains to crematory facility:

A. Name of decedent.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Date and time of delivery.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Type of casket or container remains delivered in.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Name of person delivering remains to crematory facility.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Name of funeral home or other establishment.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Name of person receiving decedent on behalf of crematory facility.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Written receipt for release of cremated remains from crematory facility:

A. Name of decedent.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Date and time of release.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Name of person releasing cremated remains from crematory facility.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Name of person to whom cremated remains were released.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Name of funeral home, cemetery or other entity.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Record (log) of each cremation conducted:

- A. Name of decedent..... ☒ YES ☐ NO
- B. Date and time of cremation..... ☒ YES ☐ NO
- C. Manner of final disposition (location, date and manner of final disposition)..... ☒ YES ☐ NO

62-5-313. Requirements for Operation - (d)(2) Permanent Identification Device

- A. Name of Deceased..... ☒ YES ☐ NO
- B. Date of Birth..... ☒ YES ☐ NO
- C. Date of Death..... ☒ YES ☐ NO
- D. Social Security Number..... ☒ YES ☐ NO

Type of Permanent Identification Device used: None →Number of Cremated Remains Present: 0 Number of Cremated Remains Inspected: —**62-5-507. Crematory Facility Operator Duties**

Inspection of Crematory Facility

- A. Is cremation in progress at time of inspection..... ☒ YES ☐ NO
- B. Any excess residue or fragments found in cremation chamber..... ☒ YES ☐ NO
- C. Any excess residue or fragments found in processing area..... ☒ YES ☐ NO
- D. Any unauthorized access or visibility noted..... ☒ YES ☐ NO
- E. Number of retort chambers: 1
- F. Date retort chamber(s) placed in service: 10-10-12
- G. Was retort chamber(s) operational..... ☒ YES ☐ NO
- H. Temperature of retort chamber(s) when inspected: 1602°F & climbing
- I. Refrigeration unit(s) on premises..... ☒ YES ☐ NO
- J. Total body capacity of refrigeration unit(s): 3
- K. Temperature of refrigeration unit(s) at time of inspection: 36°F
- L. Number of bodies present at time of inspection: 3
- M. Unembalmed bodies held for eight (8) hours in refrigeration unit..... ☒ YES ☐ NO
- N. Embalmed bodies in holding area..... ☒ YES ☐ NO
- O. Is the crematory facility maintained in a neat, clean and orderly fashion..... ☒ YES ☐ NO
- P. Has crematory equipment been inspected and/or serviced by manufacturer or other entity..... ☒ YES ☐ NO
- Date(s) of last inspection/maintenance: initial installation - Obtain copy of report(s)
- Q. Describe system established and maintained for identifying body throughout all phases of holding and cremation process: Copy attached

R. Describe internal system used for tracing location of cremated remains during shipment (mail): Return ReceiptS. Signed receipt from person receiving cremated remains by mail..... ☐ YES ☐ NO**0660-9-01 Requirements For A Crematory**

- A. Any evidence of commingling of cremated ashes for storage or disposition..... ☒ YES ☐ NO
- B. Any evidence of more than one (1) body being placed in cremation chamber..... ☒ YES ☐ NO
- C. Any evidence of more than one (1) cremated remains placed in container..... ☒ YES ☐ NO
- D. Number of unclaimed cremated remains present at crematory facility: 0

Describe procedure for handling and/or disposition of any unclaimed cremated remains

Copy attachedWARNING ISSUED
(Circle)CITATION ISSUED
(Circle)Reason(s): (1) TCA 62-5-313(2) TCA 62-5-509 (c)(4)(3) TCA 62-5-509 (d)(1)(D)Comments: first dir. #300 - Ret. dir. #305 on 12-5-12



TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS
NASHVILLE, TENNESSEE

NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: Polk Memorial Crematory
Name of establishment or individual

Address: 6465 Treewood Ave.
Street

License # 1255

Columbia Tn 38401
City State Zip

Manager: Alan Blum

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

- (1.) TCA 62-5-313 - Failure to place an identification tag in urn containing name of decedent, DOB, DOD, SS#. ID tag required by this statute not presented upon request at inspection. Copy of crematory procedures presented at inspection fails to include this requirement, with only reference to a disc. referenced in procedures as ID tag.

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicates that you, as owner, manager, or agent in charge of this establishment, have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate. Furthermore, curing this violation does not necessarily prevent further disciplinary action relating to this violation deemed appropriate by the Tennessee State Board of Funeral Directors and Embalmers.

Alan Blum
Manager, Owner or Representative

- (2) TCA 62-5-509(e)(4) - Failure to maintain a separate record, containing the location, date, and manner of final disposition by the crematory of cremated remains.

WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE

CITATION

YOU MAY RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

- (3) TCA 62-5-509(d)(1)(D) - Failure to record the name of funeral home, crematory, or authority to whom the cremated remains were released.

Order issued by: Bill F. Luma

Date issued: 12-6-12

on release of Alice Brown - 10-22-12
VERY IMPORTANT: Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.

Martha Luma - 10-22-12.

Memorandum

To: Complaint Coordinator

From: Bill R. Luna, Field Rep.

Date: December 11, 2012

Subject: Inspection of Polk Memorial Crematory, 6465 Trotwood Avenue, Columbia, TN 38401 on December 6, 2012

After inspection of the above establishment, I issued a citation for the following violations:

(1) TCA 62-5-313---As of the date of inspection, this crematory had cremated **45 (forty five) human remains** from the date crematory was placed in service (10-18-12). Of the 45, **NONE** of the urns contained the identification device required by State law, as learned in the interview process with Lauren Blevins and Kerry Boshers, both whom stated only the numbered round disc has been placed in the urns with the cremated remains. Lauren Blevins and Kerry Boshers were the only staff present at the December 6 inspection.

It should be noted that the initial inspection for this proposed crematory took place on October 1, 2012 when Mellicent Clinkenbeard was the only staff member present. At the initial inspection, as a matter of courtesy, I made a point to physically point out in the "Tennessee Funeral Laws" book, 2010 edition, the statute requirements contained in the "Human Crematory Inspection Report" for which a field representative will have to check during the next inspection that will take place. I also clearly advised Ms. Clinkenbeard that should the establishment have any questions relating to the requirements to notify the Board office.

(d) (1) Prior to or at the time of placing a dead human body in a casket for interment or entombment, each funeral establishment shall securely affix or attach to the body, preferably upon the ankle, a permanent identification device approved by the board, containing the decedent's name, date of birth, date of death and social security number. If that information is not available to the funeral establishment, then a permanent identification device stating that the information is not available shall be affixed or attached to the body.

(2) If a dead human body is to be cremated, then a permanent identification device approved by the board, containing the decedent's name, date of birth, date of death and social security number shall be placed in the crematory urn before the remains are placed in the urn. If the information is not available to the funeral establishment, then a permanent identification device stating the information is not available shall be placed in the crematory urn before the remains are placed in the urn.

(2) TCA 62-5-509 (e) (4)---Failure to maintain a separate record containing the location, date, and manner of final disposition by the crematory of the cremated remains. This "separate record" containing the required information has not been maintained and was not presented at inspection for any of the 45 human remains cremated. Again, as a matter of courtesy, I clearly explained to Mellicent Clinkenbeard at the initial inspection this "separate record" requirement pertains to the final disposition by the crematory, and although most crematory operators choose to maintain this required information in their "crematory log", the requirement is that the required information be documented in a "separate record". I also explained this requirement to Lauren Blevins and Kerry Boshers at the 12-6-12 inspection when no separate record was presented.

(e) During the time that the crematory remains engaged in the business of cremating dead human bodies or body parts, the crematory facility shall keep the following for a period of at least seven (7) years:

(1) A copy of each receipt issued upon acceptance by or delivery to the crematory facility of a dead human body;

(2) A record of each cremation conducted at the facility, containing at least the name of the decedent or, in the case of body parts, the name of the decedent or living person from whom the body parts were removed, the date and time of the cremation and the final disposition made of the cremated remains;

(3) A copy of each delivery receipt issued under this section; and

(4) A separate record of the cremated remains of each decedent or the body parts removed from each decedent or living person that were disposed of containing at least the name of the decedent, the date and time of the cremation and the location, date and manner of final disposition of the cremated remains.

(f) All records required to be maintained under this part are subject to inspection by the board of funeral directors and embalmers or an authorized representative of the board, upon reasonable notice, at any reasonable time.

HISTORY: Acts 1999, ch. 215, § 9; 2000, ch. 779, §§ 19-23.

TCA 62-5-509 (d) (1) (D)---Failure to record the name of the funeral home, cemetery, or other entity to whom the cremated remains were released on releases for Alice Brown-10-22-12 and Martin Lerna-10-22-12.

d) (1) At the time of releasing cremated remains, an operator of a crematory facility shall ensure that a written receipt signed by both a representative of the crematory facility and the person who received the cremated remains is provided to the person who received the cremated remains. Unless the cremated remains are those of a dead human body that was donated to science for purposes of medical education or research or are those of body parts,

the receipt shall indicate:

- (A) The name of the decedent;
- (B) The date and time of the release;
- (C) The name of the person to whom the cremated remains were released;
- (D) If applicable, the name of the funeral home, cemetery or other entity to whom the cremated remains were released; and
- (E) The name of the person who released the cremated remains on behalf of the crematory facility.

At the exit interview with Lauren Blevins I went over each item on the "Notice of Violation" and referenced the statute requirement location in the law book. Lauren Blevins stated she understood the violations and will see that each is corrected since there apparently has been a breakdown in communication within their organization.

I additionally asked if she had any questions regarding the inspection or the citation. She stated she did not.

I then advised her if anyone has any questions regarding the matter to notify the Board office and I will gladly return their phone call if I can clarify any requirement regarding the inspection.

warning attached



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-3082
FAX (615) 582-1903
<http://funeral.tn.gov>

4-13-12
Date

Rich E. Luna
Field Representative's Signature

ESTABLISHMENT INSPECTION REPORT

Establishment Name: Williams Funeral Home, Inc. Lic # 268

Physical Address: 819 North Main St. Phone # 931-379-6574

City, State, Zip Code: Mount Pleasant, TN 38474 Fax # 931-379-5580

Mailing Address (if different from above): P.O. Box 38 - Columbia, TN 38402

Establishment web site address: williamsfh.com

Establishment email address: _____

Contact Person(s) during inspection: Alan Blumstein - Melicent Chickendear - Mary Beckwith

Funeral Director serving as manager: Lauren A. Blumstein FD # 6216 Emb # _____

Total Calls previous year: 77 Total Calls current year to date: 7

Total Cremations previous year: 5 Total Cremations current year to date: 0

Licensed Funeral Directors & Embalmers and License Numbers

<u>Alan Blumstein - 3435 - 3753</u>	
<u>Richard Wade Shattuck - 3355 - 3700</u>	
<u>Melicent Chickendear - 5611</u>	

Apprentice Funeral Director & Embalmers and License Numbers

Pre-Need Sales Agents & License Numbers (Tennessee Code Annotated 62-5-404a)

<u>Herrin Lane - 1360</u>	<u>Billy M. Jurell, Jr. - 339</u>
<u>Paula R. Lindsey - 118</u>	<u>Alan Blumstein - 1103</u>
<u>William S. Herndon - 196</u>	

Pre-Need Sales Registration: (Tennessee Code Annotated 62-5-404 b)

License Number: 656 Expiration Date: 5-31-12

I. **FEDERAL TRADE COMMISSION RULE (Tennessee Rule 0660-11-06)**

A. **GENERAL PRICE LIST**

- | | ACCEPTABLE | |
|----------------------------------------------------------------|-------------------------------------|--------------------------|
| | YES | NO |
| 1. Name, address, & telephone number _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective Date _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Consumer's Right of Selection disclosure _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Basic Service Fee disclosure _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Embalming disclosure _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Casket Price List disclosure _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Outer Burial Container Price List disclosure _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Alternative Container for Direct Cremation disclosure _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

B. **Required 16 Itemized Prices on General Price List**

- | | | |
|-----------------------------------------------------------|-------------------------------------|--------------------------|
| 1. Basic Services of Funeral Director and Staff _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Embalming _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Other Preparation of the Body _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Transfer of Remains to Funeral Home _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Use of Facilities and Staff for funeral ceremony _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Use of Facilities and Staff for viewing _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Use of Facilities and Staff for memorial service _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Use of Equipment and Staff for graveside service _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Hearse _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Limousine _____ <i>N/A</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Forwarding of remains to another funeral home _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Receiving of remains from another funeral home _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Casket Prices _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Outer Burial Container Prices _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Immediate Burial _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Direct Cremation _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

C. **Casket Price List**

- | | | |
|-------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 1. Name of funeral establishment _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective date _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Price and description of each casket and alternative container _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

D. **Outer Burial Container Price List**

- | | | |
|---------------------------------------------------------------|-------------------------------------|--------------------------|
| 1. Name of funeral establishment _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective date _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Required disclosure _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Price and description of each outer burial container _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

E. **Statement of Funeral Goods and Services Selected**

- | | | |
|-----------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|
| 1. Cost of services, merchandise & <u>description</u> _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> See warning |
| 2. Legal requirement disclosure _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Embalming disclosure _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> See warning |
| 4. Cash Advance disclosure _____ <i>N/A</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Number of Statement of Funeral Goods and Services Contracts examined: <u>7</u> | | |

II. CREMATIONS (Tennessee Code Annotated 62-5-107)

1. Name of crematory(s) used by establishment: William Funeral Home & Crematory
2. License number of crematory(s) used: 769
3. Date of inspection report used: 6-7-11
4. Number of cremation files examined during inspection: 3

A. Cremation Authorization Forms:

- | | YES | NO |
|----------------------------------------------|-------------------------------------|--------------------------|
| 1. Name, address & phone number of crematory | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Correct information on form | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Signed by licensed funeral director | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Signed by authorizing agent | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

B. Receipt for Humans Remains delivered to Crematory: (Tennessee Code Annotated 62-5-509 b)

- | | | |
|------------------------------------------|-------------------------------------|--------------------------|
| 1. Name of deceased | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of delivery | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Type of container | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person delivering decedent | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of person receiving decedent | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Name of funeral home or establishment | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

C. Receipt of Cremated Remains: (Tennessee Code Annotated 62-5-509 d)

- | | | |
|------------------------------------------------------------|-------------------------------------|--------------------------|
| 1. Name of decedent | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of release of cremated remains | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Name of person to whom cremated remains released | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person releasing cremated remains | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of Establishment to whom cremated remains released | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

III. Name of Establishment (Tennessee Rule 0660-01-.03 2)

- | | | |
|----------------------|-------------------------------------|--------------------------|
| 1. Signage | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Advertisements | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Business Cards | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Internet web site | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Price Lists | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Other mediums | <input type="checkbox"/> | <input type="checkbox"/> |
- Corrected on site*

IV. Public Areas (Tennessee Rule 0660-11-.04)

- | | | |
|------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 1. Public areas in good state of repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Sidewalks, entrances, walkways free of debris/obstacles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Restrooms-Clean/stocked with hand soap, toilet tissue, paper towels | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

V. Preparation Rooms (Tennessee Rule 0660-11-.02)

ACCEPTABLE

YES NO

1. Floor Composition ☐ ☐
2. Ventilation/Exhaust Fan ☐ ☐
3. Instrument Disinfection Chemicals Present ☐ ☐
4. Trash Container Covered Non-Porous Bag ☐ ☐
5. Soiled Laundry/Linen Container Covered, Non-Porous Bag ☐ ☐
6. Chemical Storage ☐ ☐
7. Excess Storage Control ☐ ☐
8. Paper towels, hand soap ☐ ☐
9. All Surfaces/Tables/Fixtures/Equipment sanitary ☐ ☐
10. Secured to prevent unauthorized entry ☐ ☐
11. No window visibility ☐ ☐
12. Orderly/Free from clutter ☐ ☐
13. Used only for preparation of dead human bodies ☐ ☐

*No Embalming
at this
location*

If no preparation room at this establishment, state where embalming procedures

are performed: *Williams Funeral Home & Crematory
2517 Westwood Ave - Columbia, TN 38401*

VI. Permanent Identification Device (Tennessee Code Annotated 62-5-313 (d)(1))

A. Type of permanent identification device used: *Laminated*

1. Number of bodies in funeral establishment at time of inspection: *1*
2. Number of bodies checked during inspection: *0* (*visitation*)
3. Location of bodies checked: _____
4. Family/public present while body checked: _____

ACCEPTABLE

YES NO

- A. Name of Decedent ☐ ☐
- B. Date of Birth of Decedent ☐ ☐
- C. Date of Death of Decedent ☐ ☐
- D. Social Security Number of Decedent ☐ ☐

REMARKS:



TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS
NASHVILLE, TENNESSEE

NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: William's Funeral Home, Inc.
Name of establishment or individual

Address: 819 North Main St.
Street

License # 268

Mount Pleasant, TN 38474
City State Zip

Manager: Lauren A. Blum

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

- (1) 0660-11-06 - 5 of FH & SS - Computer Generated copy of 5 of FH & SS does not comply with required disclosure for "Embalming", nor does the 5 of FH & SS for deceased Wanda Gayle Hayes - DOB-1-6-12 meet itemization requirements for this document. Thirdly, listing for "Simple Funeral Package" does not agree with same

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicated that you as owner, manager, or agent in charge of this establishment have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate.

Melissa K. Chubb
Manager, Owner or Representative

offering on package offering sheet (Wanda Gayle Hayes)

- (2) 0660-11-06 - 5 of FH & SS - package offerings charged must

WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE 20 Calendar days

CITATION

YOU WILL RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

Order issued by: Bill R. Luna

Date issued: 4-13-12

per identified (Joel Pruitt)
DOB-3-14-12

- (3) This establishment is using two different 5 of FH & SS. Only one format should be used

VERY IMPORTANT: Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
FUNERAL BOARD AND BURIAL SERVICES
500 JAMES ROBERTSON PARKWAY, SECOND FLOOR
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

CERTIFIED MAIL

August 27, 2012

Williams Funeral Home & Crematory
Attn: Alan Blevins
PO Box 38
Columbia, TN 38402-0038

RE: FUNERAL COMPLAINT #201201910
BLAKE A. CARROLL
vs.
WILLIAMS FUNERAL HOME & CREMATORY

Dear Manager:

The above referenced complaint against the establishment license has been filed with this office. A copy is enclosed for your reference.

A written response is required within fourteen (14) calendar days of the receipt of this letter. All correspondence pertaining to this complaint should be sent to the above address with the complaint number referenced on the correspondence. After we receive your response, there will be an administrative review of the entire file. The legal staff of the Division of Regulatory Boards will recommend a course of action to the Board of Funeral Directors and Embalmers, which will render a final decision in this matter.

The administrative review of this complaint may necessitate investigation by the Regulatory Board Investigators. In the event that action is required, they may conduct interviews with you and/or others in order to gain insight into the events surrounding the complaint. If it is determined that a conference or hearing on this matter is warranted, you will receive a notice as to the date, time and place.

If you have questions regarding the complaint, do not hesitate to contact this office.

Sincerely,

Lisa Mosby
Lisa Mosby
Complaint Coordinator

Enclosure(s)

Certified Number 7011 2970 0002 7239 1911



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS
DAVY CROCKETT TOWER
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

August 27, 2012

Blake A. Carroll
[REDACTED]

Hohenwald, TN 38462-1028

RE: FUNERAL COMPLAINT #201201910
BLAKE A. CARROLL
vs.
WILLIAMS FUNERAL HOME & CREMATORY

Dear Blake A. Carroll:

This is to acknowledge receipt of the above referenced complaint filed by you. After receipt of a response from those complained against, and any additional investigation, our legal counsel will present the matter to the Board of Funeral Directors and Embalmers, which will render a final decision. You will be notified of your complaint's disposition.

It is important to note that our Boards and Commissions cannot recover or order the refund of any money or property to which you may be entitled. You must institute a civil lawsuit for this purpose and hire your own legal counsel, if necessary.

If additional information is needed, you will be contacted.

Sincerely,

Lisa Mosby

Lisa Mosby
Complaint Coordinator

Robert Gribble

From: RB Complaints
Sent: Monday, August 27, 2012 9:30 AM
To: Robert Gribble
Subject: FW: On-Line Complaint Form

Please see complaint below.
Elizabeth

-----Original Message-----

From: Nobody [mailto:nobody@ag03uw21.state.tn.us]
Sent: Friday, August 24, 2012 4:29 PM
To: RB Complaints
Subject: On-Line Complaint Form

Below is the result of your feedback form. It was submitted by
() on Friday, August 24, 2012 at 16:28:37

Board: Board of Funeral Directors and Embalmers

Date Filed: 08/24/2012

Complainant: Blake A. Carroll

Complainant Street Address: [REDACTED]

Complainant City, State, Zip: Hohenwald, TN 38462

Complainant Telephone: [REDACTED]

Complainant Email Address: [REDACTED]

Are you licensed by this State Board?: No

Respondent: Williams Funeral Home

Respondent Street Address: 109 Blythewood Dr.

Respondent City, State, Zip: Columbia, TN 38401

Respondent Telephone: 931-388-2135

Employer Name: Williams Funeral Home

Employer Address: 109 Blythewood Dr. Columbia, TN 38401

Employer Phone: 931-388-2135

Complaint Basis: Williams Funeral Home and the Cremation Society of Tennessee located in Columbia, Tennessee, are in violation of state and federal laws. The following are some of which you should be aware of:

- A three-stack cooler is being utilized in a barn located Polk Cemetery in Columbia to store unembalmed remains until an affiliated crematory becomes available for cremating.
- Unlicensed personnel are waiting on families and carrying out funeral services with no licensed funeral director present.
- Unlicensed personnel are embalming remains without a licensed embalmer on the premises.
- Since the Williams Funeral Home burned on Trotwood Avenue in Columbia temporary facilities are being used at 109 Blythewood Drive in Columbia including a makeshift preparation room, which violates state and OSHA regulations. Unembalmed remains are also kept at this location for days if there is no room in three-stack cooler located at Polk Cemetery.

Name of other persons with firsthand knowledge of your complaint: Lauren Blevins

Address of other persons with firsthand knowledge of your complaint: 109 Blythewood Dr. Columbia, TN 38401

Witness2 Name: Ben Curtis

Witness2 Address: 109 Blythewood Dr. Columbia, TN 38401

Have you consulted an attorney?: No

agreecheck: I attest to the accuracy or truthfulness of the content.

*Consumer Signature: Blake Carroil

*Submit Date: 08/24/2012



FUNERAL HOMES & CREMATORY

109 Blythewood Drive
Columbia, TN 38401

931-388-2135
Fax 931-388-2137

www.williamsfh.com

819 N. Main Street
Mt. Pleasant, TN 38474

931-379-5574
Fax 931-379-5580

September 11, 2012

Tennessee Board of Funeral Director & Embalmers
500 James Robertson Parkway
Second Floor
Nashville, TN 37243

RECEIVED

SEP 14 2012

FUNERAL BOARD
BURIAL SERVICES

To Whom It May Concern:

In response to a letter dated August 27, from Blake Carroll, please find our response below:

- 1) Mr. Carroll alleges that we are using a 3-stack cooler in a barn located at Polk Memorial Gardens until the paperwork can be made ready for cremation. The cooler mentioned is the one we were able to save from our Trotwood Avenue location and there is video surveillance in the area where it has been placed. Additionally, we have now installed a lock on the cooler. All human remains are properly tagged and leakproof cremation boxes labeled.
- 2) Mr. Carroll alleges that unlicensed personnel are waiting on families and carrying out funeral services with no licensed funeral director present. The only time an "unlicensed" person waits on a family is a funeral director apprentice with a licensed funeral director present with them or at least on the premises. Also, we have never and would never, conduct funeral services without at least one, often times two, licensed funeral directors present.
- 3) Mr. Carroll alleges that unlicensed personnel are embalming remains without a licensed embalmer present. Again, this is a false allegation. Mr. Carroll himself did embalm a few cases for us; however, he was always in the presence of a licensed embalmer. Presently, all our embalming is done by Garry W. Jones, licensed number 3882, using the facilities of Lawrence Funeral Home in Chapel Hill, TN.
- 4) Mr. Carroll also alleges that we are using a makeshift "preparation" room at our 109 Blythewood Drive facility. The room is used for dressing, cosmetizing, hair preparation prior to casketing. We have no embalming equipment in this room (as was seen by Mr. Bill Luna when he did our inspection). This room is clearly marked "employees only" and is kept closed to the public. As to the allegation regarding keeping deceased persons in our building when the three-stack cooler is full, from time to time we have had to wait until the space was available to move them to the cooler.

The two employees, noted as witnesses, are providing an affidavit disputing the allegations. Please see attached.

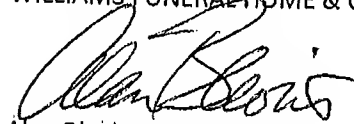
*We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.
This commitment of service will be carried out before, during and after the family's time of need.*

Love Goes On™

For the information of your board, Mr. Carroll made these allegations on the first business day following his dismissal from our employment due to the fact that he wrecked one of our company vehicles and did not disclose it to management. We believe that these allegations are merely a retaliatory measure taken by Mr. Carroll.

Respectfully,

WILLIAMS FUNERAL HOME & CREMATORY

A handwritten signature in cursive script, appearing to read "Alan Blevins".

Alan Blevins

Manager & President

AB:mc

September 11, 2012

RECEIVED

SEP 14 2012

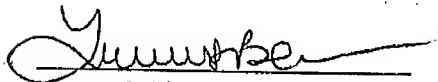
FUNERAL BOARD
BURIAL SERVICES

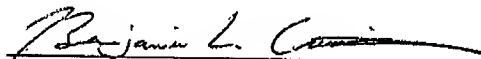
To Whom It May Concern:

Mr. Blake Carroll stated in a complaint against Williams Funeral Home & Crematory, that we had firsthand knowledge of his complaints.

We attest to the fact that the responses made by Mr. Alan Blevins, owner and manager of Williams Funeral Home & Crematory, are true and accurate.

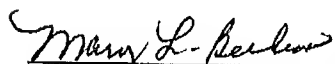
We do not support or uphold any of Mr. Carroll's allegations as being true but only the retaliation of a disgruntled former employee.

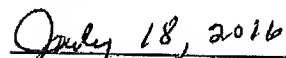

Lauren A. Blevins

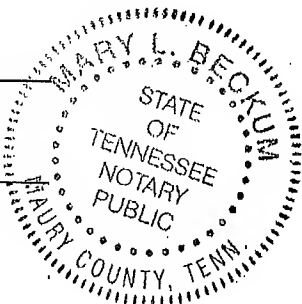

Benjamin L. Curtis

State of Tennessee
County of Maury

On this date, September 11, 2012, appeared before me, Lauren A. Blevins and Benjamin L. Curtis, individuals both known to me.


Notary Public


My Commission Expires



Blake A. Carroll

305 THOMAS AVE.
HOHENWALD, TN 38462
(731) 434-9743

September 20, 2012

RECEIVED

SEP 26 2012

**FUNERAL BOARD
BURIAL SERVICES**

Ms. Lisa Mosby
Tennessee Board of Funeral Directors & Embalmers
500 James Robertson Parkway
2nd Floor
Nashville, TN 37243

Re: Funeral Complaint #201201910 – Blake A. Carroll vs. Williams Funeral Home & Crematory

Dear Ms. Mosby:

I received your letter dated September 17, 2012; however, I am not satisfied with the responses from Mr. Alan Blevins of Williams Funeral Home & Crematory. In addition, as I examined the responses I discovered falsified information. As a result, I believe it's imperative that I clarify in detail what I witnessed while employed at this funeral home. Of course, I realize this is basically a situation of "my word" against "his word." Nevertheless, I desire to be as honest and ethical as possible.

In response to question number 1, Mr. Blevins states that "there is video surveillance in the area" where the cooler is located and a "lock" has now been placed on it. In all sincerity, there was no surveillance where the cooler was located nor was there ever a lock on it from the time Williams Funeral Home & Crematory burned until I was dismissed as an employee.

In response to question number 2, Mr. Blevins answers the allegation as it should be answered in accordance to state law; however, the issue of "unlicensed" personnel being utilized under "licensed" supervision was practiced very loosely by this funeral establishment.

In response to questions number 3 and 4, Mr. Blevins declares that I made a "false allegation" in suggesting that unlicensed personnel were embalming remains without a licensed embalmer present. He further denies that a makeshift "preparation" room does not exist at the facilities located at 109 Blythewood Drive. Yet, I can affirm that there were embalming chemicals, equipment, and instruments utilized in a room that was only to be used for dressing, cosmetizing, and hair preparation. I can also affirm that I observed funeral director/embalmer apprentice Kelsey Powers "surface" embalm a fetus and/or infant—Ka'Mari Malik Lyles—with arterial chemicals and instruments while a licensed embalmer was nowhere to be found. Baby Lyles passed away on August 11, 2012.

For the information of your board, I did not file a complaint as a retaliatory measure. In contrast, I did file the complaint because I believe all funeral professionals should provide services honestly, legally, and ethically. Meanwhile, if you need additional information or further assistance, do not hesitate to contact me.

Regards,


Blake Carroll



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS
DAVY CROCKETT TOWER, 2ND FLOOR
600 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

Blake A. Carroll
[REDACTED]

Hohenwald, TN 38462-1028

RE: FUNERAL COMPLAINT # 201201910
BLAKE A. CARROLL
vs.
WILLIAMS FUNERAL HOME & CREMATORY

Dear Blake A. Carroll:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting on November 13, 2012.

After discussion and review of the complaint and response with legal counsel, it was decided to close the referenced complaint without further action.

Sincerely,

Lisa Mosby

Lisa Mosby
Complaint Coordinator



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**

DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

November 15, 2012

Williams Funeral Home & Crematory
Attn: Alan Blevins, Manager
PO Box 38
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT # 201201910
BLAKE A. CARROLL
vs.
WILLIAMS FUNERAL HOME & CREMATORY**

Dear Manager:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting on November 13, 2012.

After discussion and review of the complaint and response with legal counsel, it was decided to close the referenced complaint without further action.

Sincerely,

Lisa Mosby
Complaint Coordinator



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
FUNERAL BOARD AND BURIAL SERVICES**
600 JAMES ROBERTSON PARKWAY, SECOND FLOOR
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

CERTIFIED MAIL

September 21, 2012

Williams Funeral Home & Crematory
Attn: Alan Blevins
PO Box 38
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT #201202093
FUNERAL BOARD
vs.
WILLIAMS FUNERAL HOME & CREMATORY**

Dear Manager:

The above referenced complaint against the establishment license has been filed with this office. The enclosed "Notice of Violation" will serve as the basis for the complaint.

A written response is required within fourteen (14) calendar days of the receipt of this letter. All correspondence pertaining to this complaint should be sent to the above address with the complaint number referenced on the correspondence. After we receive your response, there will be an administrative review of the entire file. The legal staff of the Division of Regulatory Boards will recommend a course of action to the Board of Funeral Directors and Embalmers, which will render a final decision in this matter.

The administrative review of this complaint may necessitate investigation by the Regulatory Board Investigators. In the event that action is required, they may conduct interviews with you and/or others in order to gain insight into the events surrounding the complaint. If it is determined that a conference or hearing on this matter is warranted, you will receive a notice as to the date, time and place.

If you have questions regarding the complaint, do not hesitate to contact this office.

Sincerely,

Lisa Mosby
Complaint Coordinator

Enclosure(s)

Certified Number 7011 2970 0002 7239 1348



TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS
NASHVILLE, TENNESSEE

NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: Williams Funeral Home & Crematory
Name of establishment or individual

Address: 109 Pleasantwood Drive
Street

License # 769

Columbia
City

Tn
State

RECEIVED
38407
SEP 21 2012

Manager: Alan Blenkins

FUNERAL BOARD
BURIAL SERVICES

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

- (1) 0660-11.06 - Statement of Funeral Goods & Services Selected
examined for decedents Clarence Bickelberger-000-5-28-12,
Raymond Helston-000-5-26-12, Wilda Linam-000-6-7-12
all list duplicate charges for "Basic Services of Funeral
Director & Staff" as this line item is included
in "Direct Cremation". Statement for Wilda Linam lists

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicated that you as owner, manager, or agent in charge of this establishment have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate.

[Signature]
Manager, Owner or Representative

\$750.00 charge as "Crematory
charges" but fails to disclose
as required the charge
being marked up. (cash advance).

WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE _____

CITATION

YOU WILL RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

Order issued by: Brie R. Luna

Date issued: 7-17-12

2. Current outside signage

at this establishment lists
name style not in agreement
with current license nor
change of name applied
for in application.

VERY IMPORTANT: Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.

Memorandum

To: Complaint Coordinator

Board of Funeral Directors and Embalmers

From: Bill R Luna, Field Rep *B.R.L.*

Date: 7-19-12

Subject: Inspection of Williams Funeral Home & Crematory, 109 Blythewood Drive, Columbia, TN 38402 on July 17, 2012

After inspection of the above establishment, I issued a citation for the following violations:

- (1) 0660-11-.06----During the examination of random sample of decedent's files, I found copies of Statements of Funeral Goods & Services Selected contained in three files in which this establishment duplicated the charge for "Basic Services of Funeral Director & Staff". In the files of decedent's Clarence Elchelberger-dod-5-29-12, and Raymond Helston-dod-5-26-12, the statements lists charges for line item "Basic Services of Funeral Director and Staff"--\$1490.00 and additionally lists a charge of \$750.00 for "Direct Cremation" (which by FTC requirement already includes Basic Services of Funeral Director & Staff). The statements also lists a charge for a "Memorial Service" which indicates neither case was a "Direct Cremation". On the statement for decedent Wilda Linam-dod-6-7-12, charges are listed for "Basic Services of Funeral Director & Staff-\$1490.00 and under the sub-heading "Cash Advanced", the line item "Crematory charges" lists \$750.00. I could not obtain at inspection the actual amount Affiliated Crematory charged Williams Funeral Home for the crematory fee, but it was conceded by Mellicent Clinkenbeard that Affiliated did not charge \$750.00. If the crematory fee had been marked up by Williams, the "Funeral Rule" requires the specific disclosure on the statement under cash advances be completed. The disclosure is not completed on this statement. As with the other two cases above, other charges on this statement indicate this was not a "Direct Cremation", however "Direct Cremation" was charged instead of only charging the crematory fee. All three statements indicated above were completed by Funeral Director Lauren Blevins.

MINIMAL SERVICES

FOUR ITEMS THAT THE RULE REQUIRES YOU TO LIST ARE: (1) FORWARDING OF REMAINS; (2) RECEIVING REMAINS; (3) DIRECT CREMATION; AND (4) IMMEDIATE BURIAL. UNLIKE THE REST OF THE GOODS AND SERVICES THAT YOU MUST LIST ON THE GPL, THE PRICES FOR THESE FOUR ITEMS MUST INCLUDE ANY FEE THAT YOU WILL CHARGE CONSUMERS FOR THE BASIC PROFESSIONAL SERVICES OF THE FUNERAL

DIRECTOR AND STAFF. (Complying with the Funeral Rule---September 2000 publication---page 10)

- (2) Current outside signage at this establishment lists the establishment name as "Williams Funeral Home at Blythewood". This namestyle neither exists in the establishment's current license to operate nor the amended application currently before the Board for change of location and name change.

0660-1-.03

(2) A LICENSEE SHALL NOT PERMIT ANY ADVERTISEMENT, PRICE LIST, BROCHURE, BUSINESS CARD, SIGNAGE, INTERNET WEB SITE, OR OTHER WRITTEN MEDIUM THAT IS LIKELY TO BE VIEWED BY THE PUBLIC, TO REFER TO THE FUNERAL ESTABLISHMENT BY ANY NAME OTHER THAN THE EXACT NAME LISTED ON THE ESTABLISHMENT APPLICATION APPROVED BY THE BOARD.

*Citation Attached
Change of Location
Change of Name*



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 592-1903
<http://funeral.tn.gov>

7-17-12
Date

Don R. Luna
Field Representative's Signature

ESTABLISHMENT INSPECTION REPORT

Establishment Name: Williams Funeral Home & Crematory Lic # 769
Physical Address: 109 Blythe Road Prime Phone # 931-388-2135
City, State, Zip Code: Columbia, TN 38402 Fax # 931-381-3014
Mailing Address (if different from above): P.O. Box 38
Establishment web site address: williamsfh.com
Establishment email address: info@williamsfh.com
Contact Person(s) during inspection: Melissent Clinkenshard - Paula Lindsey - Alan Blenins
Funeral Director serving as manager: Alan Blenins FD # 3435 Emb # 3753
Total Calls previous year: 181 Total Calls current year to date: 90
Total Cremations previous year: 54 Total Cremations current year to date: 40

Licensed Funeral Directors & Embalmers and License Numbers

<u>Melissent Clinkenshard - 5611</u>	
<u>Lauren Ashley Blenins - 6216</u>	
<u>Harry W. Jones - 3673 - 3882 (Trade)</u>	

Apprentice Funeral Director & Embalmers and License Numbers

<u>Paula Lindsey - 4678</u>	<u>Kelsey Darnold - 4652 - 4653</u>
<u>Herald Strahan - 4334</u>	<u>Kerry Bashers - 4114 - Benjamin Curtis</u>
Pre-Need Sales Agents & License Numbers (Tennessee Code Annotated 62-5-404a) <u>4508 - 4509</u>	
<u>Alan Blenins - 1103</u>	<u>William S. Herren - 196</u>
<u>Paula S. Lindsey - 118</u>	<u>Harry Jones - 1360</u>

Pre-Need Sales Registration: (Tennessee Code Annotated 62-5-404 b)

License Number: 769 Expiration Date: 3-31-14

I. FEDERAL TRADE COMMISSION RULE (Tennessee Rule 0660-11-.06)

ACCEPTABLE

A. GENERAL PRICE LIST

YES NO

1. Name, address, & telephone number ☒ YES ☐ NO
2. Effective Date ☒ YES ☐ NO
3. Consumer's Right of Selection disclosure ☐ YES ☒ NO *corrected on site*
4. Basic Service Fee disclosure ☐ YES ☒ NO *corrected on site*
5. Embalming disclosure ☐ YES ☒ NO
6. Casket Price List disclosure ☒ YES ☐ NO
7. Outer Burial Container Price List disclosure ☒ YES ☐ NO
8. Alternative Container for Direct Cremation disclosure ☒ YES ☐ NO

B. Required 16 Itemized Prices on General Price List

1. Basic Services of Funeral Director and Staff ☒ YES ☐ NO
2. Embalming ☒ YES ☐ NO
3. Other Preparation of the Body ☒ YES ☐ NO
4. Transfer of Remains to Funeral Home ☒ YES ☐ NO
5. Use of Facilities and Staff for funeral ceremony ☒ YES ☐ NO
6. Use of Facilities and Staff for viewing ☒ YES ☐ NO
7. Use of Facilities and Staff for memorial service ☒ YES ☐ NO
8. Use of Equipment and Staff for graveside service ☒ YES ☐ NO
9. Hearse ☒ YES ☐ NO
10. Limousine ☒ YES ☐ NO *N/A*
11. Forwarding of remains to another funeral home ☒ YES ☐ NO
12. Receiving of remains from another funeral home ☒ YES ☐ NO
13. Casket Prices ☒ YES ☐ NO
14. Outer Burial Container Prices ☒ YES ☐ NO
15. Immediate Burial ☒ YES ☐ NO
16. Direct Cremation ☒ YES ☐ NO

C. Casket Price List

1. Name of funeral establishment ☒ YES ☐ NO
2. Effective date ☒ YES ☐ NO
3. Price and description of each casket and alternative container ☒ YES ☐ NO

D. Outer Burial Container Price List

1. Name of funeral establishment ☒ YES ☐ NO
2. Effective date ☒ YES ☐ NO
3. Required disclosure ☒ YES ☐ NO
4. Price and description of each outer burial container ☒ YES ☐ NO

E. Statement of Funeral Goods and Services Selected

1. Cost of services, merchandise & description ☒ YES ☒ NO *See Citation*
2. Legal requirement disclosure ☒ YES ☐ NO
3. Embalming disclosure ☒ YES ☐ NO
4. Cash Advance disclosure ☒ YES ☐ NO
5. Number of Statement of Funeral Goods and Services Contracts examined: 14

II. CREMATIONS (Tennessee Code Annotated 62-5-107)

1. Name of crematory(s) used by establishment: Affiliated Crematory
2. License number of crematory(s) used: 1017
3. Date of Inspection report used: 4-3-12
4. Number of cremation files examined during inspection: 10

A. Cremation Authorization Forms:

YES NO

1. Name, address & phone number of crematory ☒ ☐
2. Correct information on form ☒ ☐
3. Signed by licensed funeral director ☒ ☐
4. Signed by authorizing agent ☒ ☐

B. Receipt for Humans Remains delivered to Crematory: (Tennessee Code Annotated 62-5-509 b)

1. Name of deceased ☐ ☐
2. Date & time of delivery ☐ ☐
3. Type of container ☒ ☐
4. Name of person delivering decedent ☐ ☐
5. Name of person receiving decedent ☐ ☐
6. Name of funeral home or establishment ☐ ☐

C. Receipt of Cremated Remains: (Tennessee Code Annotated 62-5-509 d)

1. Name of decedent ☐ ☐
2. Date & time of release of cremated remains ☐ ☐
3. Name of person to whom cremated remains released ☒ ☐
4. Name of person releasing cremated remains ☐ ☐
5. Name of Establishment to whom cremated remains released ☐ ☐

III. Name of Establishment (Tennessee Rule 0660-01-.03 2)

1. Signage ☐ ☒ see citation
2. Advertisements ☐ ☐
3. Business Cards ☐ ☐
4. Internet web site ☐ ☐
5. Price Lists ☐ ☐
6. Other mediums ☐ ☐

IV. Public Areas (Tennessee Rule 0660-11-.04)

1. Public areas in good state of repair ☒ ☐
2. Sidewalks, entrances, walkways free of debris/obstacles ☒ ☐
3. Restrooms-Clean/stocked with hand soap, toilet tissue, paper towels ☒ ☐

V. Preparation Rooms (Tennessee Rule 0660-11-.02)

ACCEPTABLE

- | | YES | NO |
|----------------------------------------------------------------|--------------------------|--------------------------|
| 1. Floor Composition_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ventilation/Exhaust Fan_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Instrument Disinfection Chemicals Present_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Trash Container Covered Non-Porous Bag_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Soiled Laundry/Linen Container Covered, Non-Porous Bag_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Chemical Storage_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Excess Storage Control_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Paper towels, hand soap_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. All Surfaces/Tables/Fixtures/Equipment sanitary_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Secured to prevent unauthorized entry_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. No window visibility_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Orderly/Free from clutter_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Used only for preparation of dead human bodies_____ | <input type="checkbox"/> | <input type="checkbox"/> |

*Pressing &
Cosmetology
Only
NO Embalming
Room*

If no preparation room at this establishment, state where embalming procedures are performed: Laurence Funeral Home & Cremation Serv
203 South Horton Ave. Chapel Hill, In.

VI. Permanent Identification Device (Tennessee Code Annotated 62-5-313 (d)(1))

- A. Type of permanent identification device used: Laminated
- Number of bodies in funeral establishment at time of inspection: 0
 - Number of bodies checked during inspection: _____
 - Location of bodies checked: _____
 - Family/public present while body checked: _____

ACCEPTABLE

- | | YES | NO |
|--------------------------------------------|--------------------------|--------------------------|
| A. Name of Decedent_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Date of Birth of Decedent_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Date of Death of Decedent_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Social Security Number of Decedent_____ | <input type="checkbox"/> | <input type="checkbox"/> |

REMARKS:

H. URNS \$25.00-\$1995.00
I. URN VAULTS \$350.00-\$791.00

J. OTHER

A. Casket Air Tray \$ 150.00
B. Combination tray for Air shipment \$ 175.00
C. Corrugated leakproof cremation container \$ 50.00
D. Transportation to or from Nashville Airport \$ 250.00

K. Memorial Package \$ 149.00-\$ 249.00
(acknowledgment cards, memorial folders, and attendance booklet)

L. OBITUARIES \$ 25.00

Due to recent charges incurred to funeral homes from our local newspaper concerning obituary information published, we are incurring a minimum cash advance item to cover any and all information a family may request printed in the obit.



WILLIAMS

FUNERAL HOME
& CREMATORY
109 Blythewood Drive
Columbia, TN 38401
931-388-2135

WILLIAMS FUNERAL HOME, INC.
819 N. Main Street
Mt. Pleasant, TN 38474
931-379-5574

GENERAL PRICE LIST

Effective July 13, 2012

The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected.

BASIC SERVICES OF FUNERAL DIRECTOR & STAFF

Basic Services of Funeral Director and Staff \$1495.00*
Our fee for the services of funeral director and staff includes, but is not limited to: staff to respond to initial request for service; arrangement conference with family or responsible party; arrangement of funeral; preparation and filing of necessary authorizations and permits; recording vital statistics; staff assistance prior to, during and following the funeral, including coordination with those providing other portions of the funeral, e.g. cemetery, crematory and others. Also included in these charges are overhead expenses relative to our facility such as insurance, maintenance and utility expenses, secretarial and administrative costs, and equipment and inventory costs.

This fee for our basic services and overhead will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials and forwarding or receiving remains.)

USE OF FACILITIES & STAFF FOR VIEWING/VISITATION OR EQUIPMENT & STAFF AT OTHER LOCATION

\$386.00*
Our services include set-up of visitation area, placement of encased remains, display of floral arrangements, supervision of and attendance during the visitation. (Charge per day)

USE OF FACILITIES & STAFF FOR FUNERAL CEREMONY

\$388.00*
Our services include coordinating the funeral arrangements, supervision of funeral, and staff to attend funeral ceremony.

USE OF FACILITIES & STAFF FOR MEMORIAL SERVICE

\$388.00
Our services include coordinating the memorial service arrangements, supervision of the memorial service, and staff to attend the service.

USE OF EQUIPMENT & STAFF FOR GRAVESIDE SERVICE

\$388.00
Our services include accompaniment of remains to cemetery, supervision of graveside service and staff to attend service.

USE OF EQUIPMENT & STAFF FOR CHURCH SERVICE

\$388.00
Our services include coordinating the funeral arrangements, supervision of funeral, and staff to attend funeral ceremony.

Embalming

\$695.00*

Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial.

C. Other Preparation

Includes cosmetics, dressing & casketing \$155.00*
Special care for autopsy & tissue donor \$150.00

TRANSPORTATION (Outside 25 mile radius /\$2.00 per additional mile)

D. Transfer of Deceased to Funeral Home \$195.00*
E. Hearse \$195.00*
F. Floral Transport \$79.00*

TOTAL OF COMPONENTS FOR TRADITIONAL FUNERAL \$3590.00*

ADDITIONAL PRICE INFORMATION

A. Forwarding of remains to another funeral home \$1390.00

Includes removal of remains (within 25 miles), basic services of funeral director & staff, necessary authorizations, embalming and transportation to Nashville Airport. *Excludes shipping charges*

NOTE: The casket of your choice may be used for forwarding the deceased to another funeral home. Additional charge of \$150.00 for a Casket Air Tray may be needed when shipping by air.

B. Receiving remains from another funeral home \$1390.00

Includes receipt of remains, temporary shelter, basic services of funeral director & staff, transportation from Nashville Airport and to cemetery or crematory.

C. Direct Cremation: \$700.00 to \$750.00

Includes removal of remains (within 50 miles), basic services of funeral director & staff, necessary authorizations and crematory charges. If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition material (with or without an outside covering) The containers we provide are corrugated leakproof containers.

Direct Cremation with alternative container provided by the purchaser \$700.00

Direct Cremation with leakproof corrugated container provided by funeral home \$750.00

Black Plastic Temporary Urns \$25.00

D. Immediate Burials \$1500.00 to \$2490.00

Our charges for immediate burial include the local removal of the deceased to the funeral home, basic services of the funeral director and staff, securing the necessary permits and authorizations, preparing and filing of death certificates, temporary shelter of deceased and transportation to the cemetery. Does not include opening & closing of grave or cemetery charges.

Does not include embalming or other preparations of the body

Immediate burial with Triton non-sealer 20-gauge steel casket provided by seller \$2490.00

Immediate burial with casket provided by purchaser \$1500.00

E. CASKETS: \$ 990.00 TO \$12,075.00

A complete price list will be provided at the funeral home.

F. OTHER BURIAL CONTAINERS \$1,290.00 - \$16,690.00

A complete price list will be provided at the funeral home.

G. BURIAL CLOTHING \$150.00 TO \$250.00

A full set of underclothing \$25.00

Williams Funeral Home and Crematory
109 Blythwood Drive, Columbia, TN 38401
(931) 388-2135

Williams Funeral Home, Inc.
819 N. Main Street, Mt. Pleasant, TN 37474
(931) 379-5574

Casket Price List Effective Date: July 13, 2012

Bronze and Copper - Non-Rusting

* 48 OZ BRZ	CLASSIC GOLD	VELVET	\$12,075
* 48 OZ BRZ	PREMIER BRONZE	VELVET	\$ 9,075

Wood Selections

* MAHOGANY	PRESIDENTIAL PREMIER	VELVET	\$12,075
* MAHOGANY	WILLIAMSBURG	VELVET	\$ 9,075
* MAHOGANY	HARRINGTON	VELVET	\$ 5,465
* POPLAR	IMPERIAL	VELVET	\$ 5,465
* CHERRY	CARLTON CHERRY	VELVET	\$ 4,265
* OAK	HONOR	VELVET	\$ 4,265
* POPLAR	WINDMERE	VELVET	\$ 3,865
* OAK	OAKWOOD	CREPE	\$ 3,865
* PINE	COUNTRY PINE	CREPE	\$ 3,865

Stainless Steel - Rust Resistant

* PREMIUM SST	THE ROSE	VELVET	\$ 5,465
* PREMIUM SST	MISTY BLUE	VEVLET	\$ 5,465
* PREMIUM SST	PATRIOT	VELVET	\$ 4,265
* BASIC SST	BLUE SAPPHIRE	VELVET	\$ 4,265
* BASIC SST	SANDSTONE	VELVET	\$ 4,265
* BASIC SST	COLUMBIA	VELVET	\$ 4,265
* PREMIUM SST	JEFFERSON	VELVET	\$ 5,465
* PREMIUM SST	PRINCESS	VELVET	\$ 5,465

Steel Selections

* 16GA	SILVER SAPPHIRE	VELVET	\$ 4,265
* 16 GA	EVERGREEN	VELVET	\$ 4,265
* 18 GA	MAJESTIC	VELVET	\$ 3,865
* 18 GA	MONARCH	CREPE	\$ 3,865
* 18 GA	EBONY	CREPE	\$ 3,865
* 18 GA	VETERAN	CREPE	\$ 3,165
* 18 GA	BRITANNIA	CREPE	\$ 3,165
* 18 GA	CAMBRIDGE	CREPE	\$ 3,165
* 18 GA	WINSTON	CREPE	\$ 3,165
* 18 GA	MIDNIGHT GOLD	CREPE	\$ 3,165
* 18 GA	MADISON	CREPE	\$ 3,165
* 18 GA	SALVATION	CREPE	\$ 3,165
* 20 GA	HAMILTON	CREPE	\$ 2,490
* 20 GA	ARIES	CREPE	\$ 1,865
* 20 GA	GEMINI	CREPE	\$ 1,290
* 20 GA	TRITON	CREPE	\$ 990

Cremation Caskets

* CREMATION CASKET	THE WASHINGTON CHERRY	CREPE	\$ 1,965
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Cremation Containers

Basic Fiberboard	*PINECRESS	CREPE	\$990
Alternative Corrugated Container		No interior	\$ 50

WARRANTIES

The only warranties, expressed or implied, granted in connection with the goods sold with this funeral service are written warranties, if any, extend by the manufacturers thereof. No other warranties and, specifically, no warranties of merchantability fitness for a particular purpose are extended by the seller.

Williams Funeral Home & Crematory
 109 Blythewood Drive, Columbia, TN 38401
 (931) 388-2135

Williams Funeral Home, Inc.
 819 N. Main Street, Mt. Pleasant, TN 37474
 (931) 379-5574

Casket Price List Effective Date: July 13, 2012

Bronze and Copper - Non-Rusting

* 48 OZ BRZ	CLASSIC GOLD	VELVET	\$12,075
* 48 OZ BRZ	PREMIER BRONZE	VELVET	\$ 9,075

Wood Selections

* MAHOGANY	PRESIDENTIAL PREMIER	VELVET	\$12,075
* MAHOGANY	WILLIAMSBURG	VELVET	\$ 9,075
* MAHOGANY	HARRINGTON	VELVET	\$ 5,465
* POPLAR	IMPERIAL	VELVET	\$ 5,465
* CHERRY	CARLTON CHERRY	VELVET	\$ 4,265
* OAK	HONOR	VELVET	\$ 4,265
* POPLAR	WINDMERE	VELVET	\$ 3,865
* OAK	OAKWOOD	CREPE	\$ 3,865
* PINE	COUNTRY PINE	CREPE	\$ 3,865

Stainless Steel - Rust Resistant

* PREMIUM SST	THE ROSE	VELVET	\$ 5,465
* PREMIUM SST	MISTY BLUE	VEVLET	\$ 5,465
* PREMIUM SST	PATRIOT	VELVET	\$ 4,265
* BASIC SST	BLUE SAPPHIRE	VELVET	\$ 4,265
* BASIC SST	SANDSTONE	VELVET	\$ 4,265
* BASIC SST	COLUMBIA	VELVET	\$ 4,265
* PREMIUM SST	JEFFERSON	VELVET	\$ 5,465
* PREMIUM SST	PRINCESS	VELVET	\$ 5,465

Steel Selections

* 16GA	SILVER SAPPHIRE	VELVET	\$ 4,265
* 16 GA	EVERGREEN	VELVET	\$ 4,265
* 18 GA	MAJESTIC	VELVET	\$ 3,865
* 18 GA	MONARCH	CREPE	\$ 3,865
* 18 GA	EBONY	CREPE	\$ 3,865
* 18 GA	VETERAN	CREPE	\$ 3,165
* 18 GA	BRITANNIA	CREPE	\$ 3,165
* 18 GA	CAMBRIDGE	CREPE	\$ 3,165
* 18 GA	WINSTON	CREPE	\$ 3,165
* 18 GA	MIDNIGHT GOLD	CREPE	\$ 3,165
* 18 GA	MADISON	CREPE	\$ 3,165
* 18 GA	SALVATION	CREPE	\$ 2,490
* 20 GA	HAMILTON	CREPE	\$ 1,865
* 20 GA	ARIES	CREPE	\$ 1,290
* 20 GA	GEMINI	CREPE	\$ 990
* 20 GA	TRITON	CREPE	\$ 990

Cremation Caskets

* CREMATION CASKET	THE WASHINGTON CHERRY	CREPE	\$ 1,965
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Cremation Containers

Basic Fiberboard	*PINECREST	CREPE	\$990
Alternative Container - Corrugated Cardboard	No interior		\$ 50

WARRANTIES

The only warranties, expressed or implied, granted in connection with the goods sold with this funeral service are written warranties. If any, extend by the manufacturers thereof. No other warranties and, specifically, no warranties of merchantability fitness for a particular purpose are extended by the seller.



Celebration Chapel Service

Direct Cremation.....	\$ 750.00
<i>includes removal of remains within 50 miles, basic service of funeral director & staff, cremation container, necessary authorizations and crematory charges</i>	
State Cremation Permit.....	25.00
Chapel Service (with 2 hr. visitation on the same day).....	388.00
Minimum Selected Urn.....	425.00
Memorial Register Package.....	179.00
Sales Taxes.....	55.87

Total Package Price.....\$ 1,822.87

****No Deletion To Package****

WILLIAMS FUNERAL HOME AT BLYTHEWOOD

109 Blythewood Drive
Columbia, Tennessee 38401
931-388-2135



WILLIAMS FUNERAL HOME, INC.

819 North Main Street
Mt. Pleasant, Tennessee 38474
931-379-5574

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. (1)

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below. (2)

Claudia E. Edinger
Funeral Services For _____ Date of Death _____ Date of Funeral Service _____

A. CHARGE FOR SERVICES SELECTED:

- 1. Basic services of
Funeral Director/Staff \$ 1490.00
Embalming \$ _____
Other Preparation of body \$ _____
(cosmetics & dressing, etc.)
- 2. Facilities and staff for viewing or equipment
and staff at other location per night \$ _____
Facilities and staff for funeral ceremony or
equipment and staff at other location \$ _____
Facilities and staff for
Memorial service \$ 350.00
Equipment and staff for
Graveside Funeral Service \$ _____
- 3. Automotive Equipment
Transfer of remains to funeral
home (Local area) \$ _____
Hearse \$ _____
Use of flower truck & equipment \$ _____
- 4. _____ Package Service \$ _____
(includes items checked above)

TOTAL SERVICES SELECTED \$ 1878.00

B. CHARGE FOR MERCHANDISE SELECTED:

- Casket or other receptacle Burial Case \$ 50.00
- Outer burial container \$ _____
- Acknowledgment cards \$ _____
- Register book(s) & Food book(s) 2 \$ 10.00
- Memory folders/prayer cards
_____ at _____ per hundred \$ _____
- Clothing \$ _____
- Underclothing \$ _____
- Other merchandise \$ _____

TOTAL MERCHANDISE SELECTED \$ 50.00

C. SPECIAL CHARGES:

- Forwarding of remains to
funeral home/mortuary \$ _____
Receiving of remains from
funeral home/mortuary \$ _____
Immediate burial \$ _____
Direct cremation \$ 750.00

TOTAL OF SPECIAL CHARGES \$ 750.00

D. CASH ADVANCED:

- Cemetery charges \$ _____
- Crematory charges Permit \$ 25.00
- Casket bearers \$ _____
- Transportation (describe) \$ _____
- Clergy honorarium \$ _____
- Musicians honorarium \$ _____
- Flowers \$ _____
- Paid death notices \$ _____
- Certified copies of death certificates
2 at \$ 7 each \$ 14.00
- Hairdresser or barber \$ _____
- Telephone and Telegraph \$ _____
- State Taxes \$ 3.50
- County Taxes \$ 1.25
- We charge you for our services in obtaining
_____ \$ _____

TOTAL CASH ADVANCED \$ 43.63

SUMMARY OF CHARGES:

- A. Services \$ 1878.00
- B. Merchandise \$ 50.00
- C. Special Charges \$ 750.00
- D. Cash Advances \$ 43.63

Total of all selections \$ 2721.63

Paid at time of or prior to Arrangements \$ 200.00

Balance Due \$ 2521.63

Reason for embalming (2) N/A

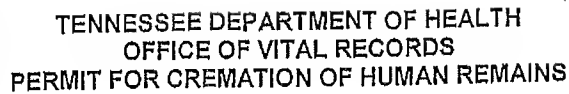
If any law, cemetery, or crematory requirements have required the purchase of any of the items listed above, the law of requirement is explained below (1).

Terms of payment X Legal rate of interest shall be due 30 days after _____.

(3) I/we, the undersigned, acknowledge that the foregoing statement has been read to me/us and I/we hereby acknowledge receipt of completed copy. I/we assume responsibility for payment along with such additional services and/or items ordered by me/us, and agree to terms of payment described above. The liability hereby assumed is in addition to the liability imposed by law upon the estate and others shall not constitute a release thereof. If suit is brought for fees, I/we agree to pay all reasonable attorneys fees and cost.

Purchaser X
Address _____
Purchaser _____
Address _____

The WILLIAMS FUNERAL HOME, INC.
(Name of Funeral Home)
agrees to provide the services and merchandise described above
in consideration of the payment of the above stated amount.
Date _____ Time _____
James B.
(Signature of funeral service licensee representing the funeral home)



1. The fee of \$25.00 for this permit must be submitted to the Local Health Department in the county of death at the time of application.
2. The funeral director or person applying for this permit is responsible for obtaining the authorization of the medical examiner in the county where the death occurred.
3. When cremation is complete, the person in charge of the cremation should mail a copy of this form to the local or deputy registrar who issued the permit.

RDA 1468

WILLIAMS FUNERAL HOME AT BLYTHEWOOD
109 Blythewood Drive
Columbia, Tennessee 38401
931-388-2135



WILLIAMS FUNERAL HOME, INC.
819 North Main Street
Mt. Pleasant, Tennessee 38474
931-379-5574

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. (1)

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below. (2)

Funeral Services For		Date of Death	Date of Funeral Service
A. CHARGE FOR SERVICES SELECTED:			
1. Basic services of Funeral Director/Staff	\$1490.00		
Embalming.....	\$		
Other Preparation of body (cosmetics & dressing, etc.)	\$		
2. Facilities and staff for viewing or equipment and staff at other location per night.....	\$		
Facilities and staff for funeral ceremony or equipment and staff at other location.....	\$		
Facilities and staff for Memorial service.....	\$845.00		
Equipment and staff for Graveside Funeral Service	\$		
3. Automotive Equipment			
Transfer of remains to funeral home (Local area)	\$		
Hearse.....	\$		
Use of flower truck & equipment.....	\$		
4. _____ Package Service.....	\$		
(Includes items checked above)			
TOTAL SERVICES SELECTED	\$1676.00		
B. CHARGE FOR MERCHANDISE SELECTED:			
Casket or other receptacle	\$50.00		
Outer burial container	\$		
Acknowledgment cards	\$		
Register book(s) & Food book(s)	\$		
Memory folders/prayer cards	\$		
at _____ per hundred	\$		
Clothing.....	\$		
Underclothing.....	\$		
Other merchandise	\$		
TOTAL MERCHANDISE SELECTED.....	\$50.00		
C. SPECIAL CHARGES:			
Forwarding of remains to funeral home/mortuary	\$		
Receiving of remains from funeral home/mortuary	\$		
Immediate burial	\$750.00		
Direct cremation	\$750.00		
TOTAL OF SPECIAL CHARGES.....	\$750.00		
D. CASH ADVANCED:			
Cemetery charges.....	\$		
Crematory charges.....	\$		
Casket bearers	\$		
Transportation (describe)	\$		
Clergy honorarium.....	\$		
Musicians honorarium	\$		
Flowers.....	\$		
Paid death notices.....	\$		
Certified copies of death certificates	\$14.00		
at \$ _____ each.....	\$		
Hairdresser or barber.....	\$		
Telephone and Telegraph.....	\$3.50		
State Taxes.....	\$1.25		
County Taxes.....	\$		
We charge you for our services in obtaining	\$		
TOTAL CASH ADVANCED.....	\$48.63		
SUMMARY OF CHARGES:			
A. Services.....	\$1676.00		
B. Merchandise.....	\$50.00		
C. Special Charges.....	\$750.00		
D. Cash Advances.....	\$48.63		
Total of all selections	\$2524.63		
Paid at time of or prior to Arrangements	\$		
Balance Due.....	\$2524.63		

Reason for embalming (2) N/A

If any law, cemetery, or crematory requirements have required the purchase of any of the items listed above, the law of requirement is explained below (1).

Terms of payment Cash Legal rate of interest shall be due 30 days after _____

(3) I/we, the undersigned, acknowledge that the foregoing statement has been read to me/us and I/we hereby acknowledge receipt of completed copy. I/we assume responsibility for payment along with such additional services and/or items ordered by me/us, and agree to terms of payment described above. The liability hereby assumed is in addition to the liability imposed by law upon the estate and others shall not constitute a release thereof. If suit is brought for fees, I/we agree to pay all reasonable attorneys fees and cost.

Purchaser [Signature]
Address _____
Purchaser _____

The WILLIAMS FUNERAL HOME, INC.
(Name of Funeral Home)
agrees to provide the services and merchandise described above in consideration of the payment of the above stated amount.
Date _____ Time _____

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of Christopher E. Schneider (hereinafter referred to as the "Decedent").

I/We hereby request and authorize William Funeral Home (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Decedent at Affiliated Crematory (hereinafter referred to as the "Crematory"), 2707 Gallatin Road, Nashville, Tennessee 37218, 615-282-3312.

I/We authorize the Crematory to return the cremated remains of the Decedent to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Decedent as follows:

In special handling required? ☐ Yes ☐ No Describe: _____

Description of urn or container selected _____ Suitable for shipping: ☐ Yes ☐ No
☐ Deliver to _____ Cemetery

☐ Release to family _____

☐ Scattering at sea by Funeral Home or Funeral Home's agent _____

☐ Ship via _____

To: Name _____ Address _____

☒ Other Williams will pick up

The cremation, processing and disposition of the remains of the Decedent authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and of the Funeral Home, and the following terms and conditions:

1. The remains of the Decedent will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of needles, anamniotic and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Decedent are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/We authorize the remains of the Decedent to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.

2. Mechanical or radioactive devices implanted in the remains of the Decedent (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Decedent contain such a device, I/We hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Decedent prior to cremation, and dispose of such items at its discretion.

I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEDENT DO ☐ DO NOT ☒ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Decedent prior to cremation, and dispose of as indicated.

Disposition of Implants or Devices _____

Disposition of Implants or Devices _____

Disposition of Implants or Devices _____

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

3. The cremation container containing the remains of the Decedent will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and inspect the remains of the Decedent in order to facilitate a complete and thorough cremation.

4. Certain items, including, but not limited to, body prostheses, dentures, dental bridges, dental fillings, jewelry, and other personal articles accompanying the remains of the Decedent, may be destroyed during the cremation process. I/We further authorize that any items, other than the cremated remains of the Decedent, are recovered from the cremation chamber, they may be separated from the cremated remains of the Decedent and disposed of by the Crematory.

5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, rings, bracelets, necklaces, jewelry and precious metals, and to dispose of such materials.

6. Following cremation, the cremated remains of the Decedent, consisting primarily of bone fragments, will be mechanically pulverized to an undetectable consistency prior to placement in an urn or other container.

7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Decedent in a container which is not designed for any type of shipment.

8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Decedent, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

9. I/We understand and acknowledge that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Decedent, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

10. Unless I/We give specific written instructions in this Authorization on the cremation, processing and disposition of the remains of the Decedent, it will not be performed in accordance with any particular religious or ethnic customs.

11. In the event the cremated remains of the Decedent remain unclaimed for a period of 90 days, the Funeral Home shall give written notice to next of kin by certified mail of the address(es) indicated below. I/We agree that in the event the cremated remains of the Decedent remain unclaimed for a period of 180 calendar days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Decedent in any lawful manner it may deem appropriate.

12. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with its cremation and disposition of the cremated remains of the Decedent, as authorized herein, or my/our failure to correctly identify the remains of the Decedent, disclose the presence of any prohibited mechanical or radioactive device, or take possession of, or make arrangements for, the disposition of such remains.

13. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.

14. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this document.

Signature Christopher E. Schneider Christopher E. Schneider Christopher E. Schneider

Address _____ Tel. No. _____

Signature _____ Print Name _____ Tel. No. _____

Address _____

Licensed Funeral Director William A. Davis William A. Davis William A. Davis

Williams Funeral Home Williams Funeral Home Williams Funeral Home

Name and Address of Funeral Home _____

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of Clarence B. Bentley (hereinafter referred to as the "Deceased").

I/We hereby request and authorize Cremation Society of TN (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at Affiliated Crematory (hereinafter referred to as the "Crematory"), 2707 Gallatin Road, Nashville, Tennessee 37218, 615-282-3312.

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required? ☐ Yes ☒ No Describe _____

Description of urn or container selected: _____ Suitable for shipping: ☐ Yes ☒ No Cemetery _____

☒ Deliver to _____ Name and Address of Crematory _____

☐ Release to family _____ Name of Designated Family Member to Receive Cremated Remains _____

☐ Shattering at sea by Funeral Home or Funeral Home's agent _____

☐ Ship via _____ Address _____

To: Name William S. Bentley Address 109 Blytheview Dr

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and for the Funeral Home, and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.

2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/We hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion.

I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO ☐ NOT ☒ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:

Description of Implanted Device	Disposition
Description of Implanted Device	Disposition

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.

4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.

5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.

6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.

8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

9. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

10. Unless I/We give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.

11. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 180 calendar days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.

12. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

13. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.

14. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this document.

Signature Clarence Bentley Clarence Bentley Relationship to Deceased SON

Address 120 Mason Ct Apt D HSR AL 35805 Tel. No. () _____

Signature Clarence Bentley Clarence Bentley Relationship to Deceased SON

Address 120 Mason Ct Apt D HSR AL 35805 Tel. No. () _____

Licensed Funeral Director Lauren A. Blewins Date _____

Name and Address of Funeral Home Williams Funeral Home 109 Blytheview Dr AL 35805 615-282-3312

C2012-5914



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
PERMIT FOR CREMATION OF HUMAN REMAINS

Instructions

1. The fee of \$25.00 for this permit must be submitted to the Local Health Department in the county of death at the time of application.
2. The funeral director or person applying for this permit is responsible for obtaining the authorization of the medical examiner in the county where the death occurred.
3. When cremation is complete, the person in charge of the cremation should mail a copy of this form to the local or deputy registrar who issued the permit.

Name of Decedent <u>Clarence Eichelberger</u>		Sex <u>M</u>	Date of Birth <u>12/01/1955</u>	Date of Death <u>03/29/2012</u>
Place of Death - City or Town, County <u>Columbia, TN</u>			Name of Informant <u>Michelle Eichelberger</u>	
Name of Funeral Director (or Person Acting as Such) <u>Lauryn A. Blevins</u>			Name of Physician Who will Certify Death	
Address of Funeral Director (or Person Acting as such) <u>2517 Trotwood Ave, Columbia</u>				
APPLICATION FOR PERMIT		I hereby apply for a permit for the cremation of the remains of the above named decedent. I agree to abide by all laws and rules of the Tennessee Department of Health and all other laws pertaining to the cremation. If I have not been able to submit a properly completed certificate of death for this person at the time of this application, I agree to file the certificate within three days with the local or deputy registrar in the county where the death occurred.		
		<u>[Signature]</u> Date <u>06/07/2012</u> Signature Address <u>2517 Trotwood Ave, Columbia TN</u>		
PLACE OF CREMATION		Name and address of Crematory where remains are to be cremated <u>Affiliated Crematory</u> <u>2707 Gallatin Road, Nashville TN 37216</u> Address		
AUTHORIZATION OF MEDICAL EXAMINER		I consent to the issuance of the Permit for Cremation <u>OK by Dr. Farnell per phone</u> Date <u>6-7-12</u> Signature of Medical Examiner Address <u>Maury Co. Health Dept</u> <u>1909 Hampshire Pike</u> <u>Columbia, TN 38401</u>		
PERMIT OF LOCAL OR DEPUTY REGISTRAR		This permit for the cremation of the remains of the above named decedent is granted. <u>Michelle J. Jappert LR</u> Date <u>6-7-12</u> Signature of Local or Deputy Registrar Address <u>Maury Co. Health Dept.</u> <u>1909 Hampshire Pike</u> <u>Columbia, TN 38401</u>		
CERTIFICATION OF PERSON IN CHARGE OF THE CREMATION		I certify that the cremation of the remains of the above named decedent was made in accordance with this permit on <u>JUNE 8, 2012</u> at <u>AFFILIATED CREMATORY</u> Date Place <u>[Signature]</u> <u>GALE ROBINSON</u> Signature <u>2707 GALLATIN RD. NASHVILLE, TN. 37216</u> Address		

WILLIAMS FUNERAL HOME AT BLYTHEWOOD
 109 Blythewood Drive
 Columbia, Tennessee 38401
 931-388-2135



WILLIAMS FUNERAL HOME, INC.
 819 North Main Street
 Mt. Pleasant, Tennessee 38474
 931-379-5574

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. (1)

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below. (2)

Raymond Helston
 Funeral Services For

05/26/2012
 Date of Death

04/02/2012
 Date of Funeral Service

A. CHARGE FOR SERVICES SELECTED:

1. Basic services of
 Funeral Director/Staff \$ 1490.00
 Embalming..... \$ _____
 Other Preparation of body \$ _____
 (cosmetics & dressing, etc.)
 2. Facilities and staff for viewing or equipment
 and staff at other location per night..... \$ _____
 Facilities and staff for funeral ceremony or
 equipment and staff at other location..... \$ _____
 Facilities and staff for
 Memorial service..... \$ 388.00
 Equipment and staff for
 Graveside Funeral Service \$ _____
 3. Automotive Equipment
 Transfer of remains to funeral
 home (Local area) \$ _____
 Hearse..... \$ _____
 Use of flower truck & equipment..... \$ _____
 4. _____ Package Service..... \$ _____
 (Includes items checked above)
- TOTAL SERVICES SELECTED** \$ 1878.00

B. CHARGE FOR MERCHANDISE SELECTED:

- Casket or other receptacle Lincoln (2.0000) \$ 425.00
 Outer burial container \$ _____
 Acknowledgment cards \$ _____
 Register book(s) & Food book(s)..... \$ 179.00
 Memory folders/prayer cards
 _____ at _____ per hundred \$ _____
 Clothing..... \$ _____
 Underclothing..... \$ _____
 Other merchandise..... \$ _____
- TOTAL MERCHANDISE SELECTED**..... \$ 604.00

C. SPECIAL CHARGES:

- Forwarding of remains to
 funeral home/mortuary \$ _____
 Receiving of remains from
 funeral home/mortuary \$ _____
 Immediate burial \$ 780.00
 Direct cremation \$ 780.00
- TOTAL OF SPECIAL CHARGES**..... \$ 1560.00

D. CASH ADVANCED:

- Cemetery charges..... \$ _____
 Crematory charges..... \$ 26.00
 Casket bearers \$ _____
 Transportation (describe) \$ _____
 Clergy honorarium..... \$ _____
 Musicians honorarium \$ _____
 Flowers..... \$ _____
 Paid death notices..... \$ _____
 Certified copies of death certificates
 \$ _____ at \$ 7 each..... \$ 56.00
 Hairdresser or barber..... \$ _____
 Telephone and Telegraph \$ 72.28
 State Taxes..... \$ 13.51
 County Taxes..... \$ _____
 We charge you for our services in obtaining

TOTAL CASH ADVANCED..... \$ 136.87

SUMMARY OF CHARGES:

- A. Services..... \$ 1878.00
 B. Merchandise..... \$ 604.00
 C. Special Charges..... \$ 780.00
 D. Cash Advances..... \$ 136.87
- Total of all selections \$ _____
 Paid at time of or prior to Arrangements \$ _____

Balance Due..... \$ 3368.87
- 150.00
3218.87

Reason for embalming (2) N/A

If any law, cemetery, or crematory requirements have required the purchase of any of the items listed above, the law of requirement is explained below (1).

Terms of payment Cash. Legal rate of interest shall be due 30 days after _____.

(3) I/we, the undersigned, acknowledge that the foregoing statement has been read to me/us and I/we hereby acknowledge receipt of completed copy. I/we assume responsibility for payment along with such additional services and/or items ordered by me/us, and agree to terms of payment described above. The liability hereby assumed is in addition to the liability imposed by law upon the estate and others shall not constitute a release thereof. If suit is brought for fees, I/we agree to pay all reasonable attorneys fees and cost.

Purchaser Raymond Helston
 Address 1813 Caspary Dr. Columbia TN 38457
 Purchaser _____
 Address _____

The WILLIAMS FUNERAL HOME, INC.
 (Name of Funeral Home)
 agrees to provide the services and merchandise described above
 in consideration of the payment of the above stated amount.
 Date 05/27/2012 Time 1 PM
 (Signature of funeral service licensee representing the funeral home)



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
PERMIT FOR CREMATION OF HUMAN REMAINS

Instructions

1. The fee of \$25.00 for this permit must be submitted to the Local Health Department in the county of death at the time of application.
2. The funeral director or person applying for this permit is responsible for obtaining the authorization of the medical examiner in the county where the death occurred.
3. When cremation is complete, the person in charge of the cremation should mail a copy of this form to the local or deputy registrar who issued the permit.

Name of Decedent RAYMOND Herbert Helston		Sex Male	Date of Birth June 7, 1930	Date of Death May 26, 2012
Place of Death - City or Town, County COLUMBIA, TN		Name of Informant Beth Helston		
Name of Funeral Director (or Person Acting as Such) Lauren A. Blevins		Name of Physician Who will Certify Death		
Address of Funeral Director (or Person Acting as such) 109 Blythewood Drive Columbia, TN 38401				
APPLICATION FOR PERMIT	I hereby apply for a permit for the cremation of the remains of the above named decedent. I agree to abide by all laws and rules of the Tennessee Department of Health and all other laws pertaining to the cremation. If I have not been able to submit a properly completed certificate of death for this person at the time of this application, I agree to file the certificate within three days with the local or deputy registrar in the county where the death occurred.			
	Signature [Signature]			Date
	Address 109 Blythewood Drive			
PLACE OF CREMATION	Name and address of Crematory where remains are to be cremated Affiliated Crematory			
	Address 2707 Gallatin Road, Nashville, TN 37214			
AUTHORIZATION OF MEDICAL EXAMINER	I consent to the issuance of the Permit for Cremation			
	Signature of Medical Examiner [Signature]			Date 5-29-12
	Address			
PERMIT OF LOCAL OR DEPUTY REGISTRAR	This permit for the cremation of the remains of the above named decedent is granted.			
	Signature of Local or Deputy Registrar [Signature]			Date 5-29-12
	Address Maury Co. Health Dept. 1909 Hampshire Pike Columbia, TN 38401			
CERTIFICATION OF PERSON IN CHARGE OF THE CREMATION	I certify that the cremation of the remains of the above named decedent was made in accordance with this permit on _____ at _____			
	Date		Place	
	Signature			
	Address			

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

Name and Address of Funeral Home		WHITE: Crematory Copy	VEI: OW: Funeral Home Copy	PINK: Family Copy
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WILLIAMS FUNERAL HOME AT BLYTHEWOOD

109 Blythewood Drive
Columbia, Tennessee 38401
931-388-2135



WILLIAMS FUNERAL HOME, INC.

819 North Main Street
Mt. Pleasant, Tennessee 38474
931-379-5574

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. (1)

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below. (2)

Wilda Linam
Funeral Services For

06/07/2012
Date of Death

Date of Funeral Service

A. CHARGE FOR SERVICES SELECTED:

1. Basic services of
Funeral Director/Staff \$1400.00
Embalming..... \$
Other Preparation of body \$
(cosmetics & dressing, etc.)
 2. Facilities and staff for viewing or equipment
and staff at other location per night..... \$
Facilities and staff for funeral ceremony or
equipment and staff at other location..... \$388.00
Facilities and staff for
Memorial service..... \$388.00
Equipment and staff for
Graveside Funeral Service \$
 3. Automotive Equipment
Transfer of remains to funeral
home (Local area) \$145.00
Hearse..... \$145.00
Use of flower truck & equipment..... \$79.00
 4. _____ Package Service..... \$
(Includes items checked above)
- TOTAL SERVICES SELECTED** \$2735.00

B. CHARGE FOR MERCHANDISE SELECTED:

- Casket or other receptacle Archonite \$425.00
Outer burial container Universal Vault \$350.00
Acknowledgment cards \$
Register book(s) & Food book(s)..... \$179.00
Memory folders/prayer cards
_____ at _____ per hundred \$
Clothing..... \$
Underclothing..... \$
Other merchandise \$
TOTAL MERCHANDISE SELECTED..... \$954.00

C. SPECIAL CHARGES:

- Forwarding of remains to
_____ \$
funeral home/mortuary
Receiving of remains from
_____ \$
funeral home/mortuary
Immediate burial \$
Direct cremation \$
TOTAL OF SPECIAL CHARGES..... \$

D. CASH ADVANCED:

- Don O & C
Cemetery charges..... \$350.00
Crematory charges..... Fun \$750.00
Casket bearers \$
Transportation (describe) \$
Clergy honorarium..... \$
Musicians honorarium \$
Flowers..... \$
Paid death notices..... \$
Certified copies of death certificates
_____ at \$ _____ each..... \$
Hairdresser or barber..... \$
Telephone and Telegraph..... \$
State Taxes..... \$166.78
County Taxes..... \$21.41
We charge you for our services in obtaining
_____ \$

TOTAL CASH ADVANCED..... \$1188.24

SUMMARY OF CHARGES:

- A. Services..... \$2735.00
B. Merchandise..... \$954.00
C. Special Charges..... \$
D. Cash Advances..... \$1188.24
Total of all selections \$
Paid at time of or prior to Arrangements \$
Balance Due..... \$4877.24

Reason for embalming (2) N/A

If any law, cemetery, or crematory requirements have required the purchase of any of the items listed above, the law of requirement is explained below (1).

Terms of payment Pre-Paid Legal rate of interest shall be due 30 days after _____.

(3) I/we, the undersigned, acknowledge that the foregoing statement has been read to me/us and I/we hereby acknowledge receipt of completed copy. I/we assume responsibility for payment along with such additional services and/or items ordered by me/us, and agree to terms of payment described above. The liability hereby assumed is in addition to the liability imposed by law upon the estate and others shall not constitute a release thereof. If suit is brought for fees, I/we agree to pay all reasonable attorneys fees and cost.

Purchaser Gayne Whitwell
Address _____
Purchaser _____
Address _____

The **WILLIAMS FUNERAL HOME, INC.**
(Name of Funeral Home)
agrees to provide the services and merchandise described above
in consideration of the payment of the above stated amount.
Date 06/07/2012 Time _____
(Signature of funeral service licensee representing the funeral home)

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of Willa Lumpkins Linam (hereinafter referred to as the "Deceased").

I/We hereby request and authorize Williams Funeral Home (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at Affiliated Crematory (hereinafter referred to as the "Crematory"), 2707 Gallatin Road, Nashville, Tennessee 37216, 615-262-3312.

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required? ☐ Yes ☒ No Describe _____

Description of urn or container selected: basic temporary urn Suitable for shipping: ☐ Yes ☐ No

☐ Deliver to _____ Cemetery

☐ Release to family _____ Name and Address of Cemetery

☐ Scattering at sea by Funeral Home or Funeral Home's agent _____ Name of Designated Family Member to Receive Cremated Remains

☐ Ship via _____

To: Name _____ Address _____

☒ Other will pick up by CSTN/Williams FH

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and for the Funeral Home, and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/we further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion.

I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO ☐ DO NOT ☒ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:

Description of Implanted Device	Disposition

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/we authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.
4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/we further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.
5. I/we hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.
8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
9. I/we understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/we hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
10. Unless I/we give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.
11. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/we agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 180 calendar days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
12. I/we agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
13. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.
14. I/we understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/we warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document.

Signature: X James Simon Williams Relationship to Deceased: Daughter

Address: 227 W Fork Road City: Mt. Pleasant TN State: 38474 Tel. No.: ()

Signature: Ann Saffee Relationship to Deceased: Daughter

Address: 1300 E Broadway St City: Memphis TN State: 38005 Tel. No.: (901) 226-4395

Licensed Funeral Director: Lauren Blevins Date: 06/11/2012

Name and Address of Funeral Home: Williams Funeral Home 109 Blythewood Dr Columbia TN 38401

WHITE: Crematory Copy

YELLOW: Funeral Home Copy

PINK: Family Copy



FUNERAL HOMES & CREMATORY

109 Blythewood Drive
Columbia, TN 38401

931-388-2135
Fax 931-388-2137

www.williamsfh.com

819 N. Main Street
Mt. Pleasant, TN 38474

931-379-5574
Fax 931-379-5580

October 10, 2012

State of Tennessee
Department of Commerce and Insurance
Funeral Board and Burial Services
500 James Robertson Parkway, Second Floor
Nashville, TN 37243-1144

Lisa Mosby, Complaint Coordinator

Dear Ms. Mosby,

Regarding the citations issued by Mr. Bill Luna upon his inspection of Williams Funeral Home & Crematory, 109 Blythewood Drive, Columbia, TN 38401, we would like to provide the following responses:

1. 0660-11-.06 – Regarding the charges of Clarence Eichelberger-dod-5-29-12 and Raymond Helston-dod-5-26-12; both these families originally requested "direct cremation". That being the case, the contract originally listed direct cremation under the special charges category listing in the amount of \$750, as per our General Price List dated July 13, 2012. After the original arrangement conference preceded both families decided to add services and merchandise to their original selections. This being the case, the director, Ms. Lauren Blevins, added the services and merchandise that the family had selected to the contract on which she had begun. With regards to Ms. Wilda Linam-dod-6-7-12 the same thing happened however, Ms. Blevins inadvertently placed the Direct Cremation Price on the Cash Advance line item called "Crematory charges". In this case, also, the family decided to upgrade services and merchandise after initially requesting only direct cremation.
In all three cases, the director, Ms. Blevins, in an effort to change the services to reflect the families' wishes filled in the contract she had previously started. This was an inadvertent error on her part and our entire staff is now aware of how to handle this situation going forward. We understand that Direct Cremation is minimum service option which the Federal Trade Commission has deemed must include "Basic Services of Funeral Director and Staff" and cannot be charged twice (both as part of Direct Cremation" and as a separate line item on "Charge for Services Selected" section of the contract.
2. 0660-11-.03 – Regarding our outdoor signage which lists the establishments name as "Williams Funeral Home at Blythewood". In the aftermath of the fire which occurred at our previous location at 2517 Trotwood Avenue, we, in haste to open in a temporary location and serve our families had a sign installed with the above referenced verbiage. We did so in order to pay homage to the historical significance the temporary location has in our community (The Blythewood Mansion is listed on the historic register, and is on the APTA tour). After the initial shock and impact of losing

*We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.
This commitment of service will be carried out before, during and after the family's time of need.*

Love Goes On™

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OCT 11 2012
FUNERAL BOARD
BURIAL SERVICES



FUNERAL HOMES & CREMATORY

www.williamsfh.com

109 Blythewood Drive
Columbia, TN 38401

931-388-2135
Fax 931-388-2137

819 N. Main Street
Mt. Pleasant, TN 38474

931-379-5574
Fax 931-379-5580

our building had passed for a short period of time, our owner and manager, Alan Blevins realized that it would be better to not have an actual name change at the new and temporary location. In order to comply with the statute that Mr. Luna pointed out on the date of his inspection, we removed the word "at" from the sign and added the street number in its place. While this doesn't completely match our name as registered with the board, it does match the spirit of the statute and the board's inspector without incurring a huge additional cost while we are in our temporary location.

We are enclosing a picture of the sign as it now exists.

Many thanks, to the board for your consideration in these matters, and for your service to our state.

Sincerely,

Alan Blevins
Owner/Manager

*We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.
This commitment of service will be carried out before, during and after the family's time of need.*

Love Goes On™



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**
DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

February 27, 2013

Williams Funeral Home & Crematory
Attn: Alan Blevins, Manager
PO Box 38
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT # 201202093
FUNERAL BOARD
vs.
WILLIAMS FUNERAL HOME & CREMATORY**

Dear Manager:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting December 11, 2012.

After review of the signed Consent Order and payment of the civil penalty from your establishment, the complaint has been closed.

Sincerely,

Lisa Mosby
Complaint Coordinator

Williams Funeral Home & Crematory
Consent Order – 2012020931
January 3, 2013

**BEFORE THE TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND
EMBALMERS**

IN THE MATTER OF:)

WILLIAMS FUNERAL HOME & CREMATORY)
P.O. BOX 38)
COLUMBIA, TENNESSEE 38402-0038)

P3163
F769
12-FUN-RBS-2012020931

CONSENT ORDER

THIS MATTER comes before the Tennessee State Board of Funeral Directors and Embalmers (hereinafter called "Board"), based upon violations found during a routine inspection. Williams Funeral Home & Crematory (hereinafter called "Respondent"), voluntarily enters into this Consent Order to avoid formal charges and a contested case proceeding with respect to the matters described herein.

DEFINITIONS

The definitions set out in Tennessee Code Annotated Title 62 and the rules promulgated thereunder are applicable to this Consent Order.

AUTHORITY AND JURISDICTION

In Tenn. Code Ann. § 62-5-317, § 56-1-308(a), and Rule 0660-8-.01 of the Tenn. Comp. R. and Regs., the Tennessee State Board of Funeral Directors and Embalmers has the authority to deny, suspend, revoke, and/or impose a civil penalty for any violation of any statute, rule or order of the Board.

STIPULATED FINDINGS OF FACT

1. Respondent conducted business at all times pertinent while in possession of a valid license, having been issued license number 769.

2. On July 17, 2012, a field representative conducted a routine inspection of the Respondent establishment.
3. During the inspection, it was determined that the Respondent made duplicate charges for "Basic Services of Funeral Director and Staff" in three (3) instances.
4. According to the Statements of Funeral Goods and Services Selected for Clarence Eichelberger and Raymond Helston, the Respondent charged one thousand four hundred and ninety dollars (\$1,490.00) for "Basic Services of Funeral Director and Staff" and seven hundred and fifty dollars (\$750.00) for a Direct Cremation, which by law includes the cost of "Basic Services of Funeral Director and Staff" in the cost.
5. Furthermore, the Respondent charged Wilda Linam one thousand four hundred and ninety dollars (\$1,490.00) and seven hundred and fifty dollars (\$750.00) under "Cash Advances" for "Crematory Services" which is the cost of a Direct Cremation; however, an employee of the Respondent admitted that seven hundred and fifty dollars (\$750.00) is not the cost of cremation services, and the Respondent failed to provide proper disclosure regarding the mark up.
6. Finally, the Respondent's business sign provides a name other than the exact name listed on the establishment application approved by the Board.

STIPULATED CONCLUSIONS OF LAW

Respondent admits that the aforementioned act(s) and conduct of the Respondent as previously described herein constitute a violation(s) of the following statute(s) and/or rule(s):

Rule 0660-11-.06, "No funeral director, embalmer or establishment shall:

- (a) engage in any unfair or deceptive acts or practices defined in the Funeral Rule;*
- (b) fail to comply with any preventive requirements specified in the Funeral Rule;*
- or (c) engage in any other act, omission or practice that is misleading or deceptive."*

Rule 0660-01-.03(2), "(2) A licensee shall not permit any advertisement, price list, brochure, business card, signage, internet web site, or other written medium that is likely to be viewed by the public, to refer to the funeral establishment by any name other than the exact name listed on the establishment application approved by the Board."

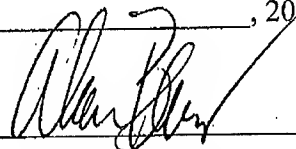
Williams Funeral Home & Crematory
Consent Order – 2012020931
January 3, 2013

NOW THEREFORE, in order to effectuate Respondent's desires and intentions, Respondent hereby consents and agrees to the following:

1. Respondent shall pay a civil penalty in the amount of **SEVEN HUNDRED AND FIFTY DOLLARS (\$750.00)**, and remit it along with a signed copy of this Order immediately.
2. Respondent shall comply with all statutes and rules governing funeral directors and embalmers in this State.
3. The Board shall seek no additional sanctions against the Respondent by reason of the violations admitted herein. The Respondent acknowledges the Board's right to seek additional sanctions against the Respondent for any future violations.
4. Respondent acknowledges, understands and agrees that this settlement in no way binds any other agency, division, department or political subdivision of the State of Tennessee relative to any factual allegations cited herein.
5. Respondent understands that Respondent has a right to a hearing under the Uniform Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5, but Respondent is waiving that right in order to enter this settlement.
6. This Order shall have no effect unless accepted by the Board. Should this Order not be accepted by the Board, it is agreed that the presentation to and consideration of this Consent Order shall in no way prejudice the Board from further participation in either a formal or informal resolution of this matter.

FURTHERMORE, Respondent hereby expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of this Consent Order.

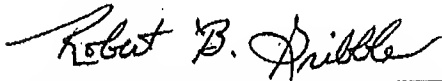
Executed this the 25 day of Jan, 2013.



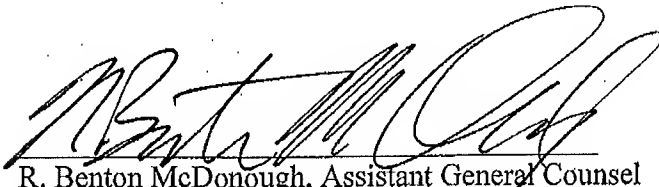
**ALAN BLEVINS, MANAGER
WILLIAMS FUNERAL HOME &
CREMATORY**

Williams Funeral Home & Crematory
Consent Order – 2012020931
January 3, 2013

APPROVED:



Robert B. Gribble, Executive Director
Tennessee State Board of Funeral Directors and Embalmers



R. Benton McDonough, Assistant General Counsel
Department of Commerce and Insurance
Office of Legal Counsel
500 James Robertson Parkway
Davy Crockett Tower, 5th Floor
Nashville, Tennessee 37243
Telephone (615) 741-3072



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
FUNERAL BOARD AND BURIAL SERVICES
500 JAMES ROBERTSON PARKWAY, SECOND FLOOR
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 632-1903
<http://funeral.tn.gov>

CERTIFIED MAIL

December 21, 2012

Polk Memorial Crematory
Attn: Alan Blevins, Manager
PO Box 38
Columbia, TN 38402-0038

RE: FUNERAL COMPLAINT #201202689
FUNERAL BOARD
vs.
POLK MEMORIAL CREMATORY

Dear Manager:

The above referenced complaint against the establishment license has been filed with this office. The enclosed "Notice of Violation" will serve as the basis for the complaint.

A written response is required within fourteen (14) calendar days of the receipt of this letter. All correspondence pertaining to this complaint should be sent to the above address with the complaint number referenced on the correspondence. After we receive your response, there will be an administrative review of the entire file. The legal staff of the Division of Regulatory Boards will recommend a course of action to the Board of Funeral Directors and Embalmers, which will render a final decision in this matter.

The administrative review of this complaint may necessitate investigation by the Regulatory Board Investigators. In the event that action is required, they may conduct interviews with you and/or others in order to gain insight into the events surrounding the complaint. If it is determined that a conference or hearing on this matter is warranted, you will receive a notice as to the date, time and place.

If you have questions regarding the complaint, do not hesitate to contact this office.

Sincerely,

Lisa Mosby
Lisa Mosby
Complaint Coordinator

Enclosure(s)

Certified Number 7011 2970 0002 7239 0839



TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS
NASHVILLE, TENNESSEE

NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: Falk Memorial Crematory
Name of establishment or individual

Address: 6465 Trethewood Ave.
Street

License # 1255

Columbia Tn
City State

Manager: Alan Blenins

RECEIVED

384 DEC 21 2012

FUNERAL BOARD
BURIAL SERVICES

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

- (1) TCA 62-5-313 - *Failure to place an identification tag in urn containing name of decedent, DOB, DOD, SS#. ID tag required by this statute not presented upon request at inspection. Copy of crematory procedures presented at inspection fails to include this requirement, with only reference to a disc referenced in procedures, as ID tag.*

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicates that you, as owner, manager, or agent in charge of this establishment, have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate. Furthermore, curing this violation does not necessarily prevent further disciplinary action relating to this violation deemed appropriate by the Tennessee State Board of Funeral Directors and Embalmers.

[Signature]
Manager, Owner or Representative

- (2) TCA 62-5-509(e)(4) - *Failure to maintain a separate record, containing the location, date, and manner of final disposition by the crematory of cremated remains.*

WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE _____

CITATION

YOU MAY RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

- (3) TCA 62-5-509(d)(1)(D) - *Failure to record the name of funeral home, cemetery or other entity to whom the cremated remains were released*

Order issued by: Alice K. Luna

Date issued: 12-6-12

on releases of Alice Brown - 10-22-12

VERY IMPORTANT: Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.

by Martin Luna - 10-22-12.

Memorandum

To: Complaint Coordinator

From: Bill R. Luna, Field Rep ~~AEK~~

Date: December 11, 2012

Subject: Inspection of Polk Memorial Crematory, 6465 Trotwood Avenue, Columbia, TN 38401 on December 6, 2012

After Inspection of the above establishment, I issued a citation for the following violations:

(1) TCA 62-5-313---As of the date of inspection, this crematory had cremated **45 (forty five) human remains** from the date crematory was placed in service(10-18-12). Of the 45, **NONE** of the urns contained the identification device required by State law, as learned in the interview process with Lauren Blevins and Kerry Boshers, both whom stated only the numbered round disc has been placed in the urns with the cremated remains. Lauren Blevins and Kerry Boshers were the only staff present at the December 6 inspection.

It should be noted that the initial inspection for this proposed crematory took place on October 1, 2012 when Melicent Clindenbeard was the only staff member present. At the initial inspection, as a matter of courtesy, I made a point to physically point out in the "Tennessee Funeral Laws" book, 2010 edition, the statute requirements contained in the "**Human Crematory Inspection Report**" for which a field representative will have to check during the next inspection that will take place. I also clearly advised Ms. Clindenbeard that should the establishment have any questions relating to the requirements to notify the Board office.

(d) (1) Prior to or at the time of placing a dead human body in a casket for interment or entombment, each funeral establishment shall securely affix or attach to the body, preferably upon the ankle, a permanent identification device approved by the board, containing the decedent's name, date of birth, date of death and social security number. If that information is not available to the funeral establishment, then a permanent identification device stating that the information is not available shall be affixed or attached to the body.

(2) If a dead human body is to be cremated, then a permanent identification device approved by the board, containing the decedent's name, date of birth, date of death and social security number shall be placed in the crematory urn before the remains are placed in the urn. If the information is not available to the funeral establishment, then a permanent identification device stating the information is not available shall be placed in the crematory urn before the remains are placed in the urn.

(2) TCA 62-5-509 (e) (4)---Failure to maintain a separate record containing the location, date, and manner of final disposition by the crematory of the cremated remains. This "separate record" containing the required information has not been maintained and was not presented at inspection for any of the 45 human remains cremated. Again, as a matter of courtesy, I clearly explained to Melicent Clinkerbeard at the initial inspection this "separate record" requirement pertains to the final disposition by the crematory, and although most crematory operators choose to maintain this required information in their "crematory log", the requirement is that the required information be documented in a "separate record". I also explained this requirement to Lauren Bievlins and Kerry Boshers at the 12-6-12 inspection when no separate record was presented.

(e) During the time that the crematory remains engaged in the business of cremating dead human bodies or body parts, the crematory facility shall keep the following for a period of at least seven (7) years:

(1) A copy of each receipt issued upon acceptance by or delivery to the crematory facility of a dead human body;

(2) A record of each cremation conducted at the facility, containing at least the name of the decedent or, in the case of body parts, the name of the decedent or living person from whom the body parts were removed, the date and time of the cremation and the final disposition made of the cremated remains;

(3) A copy of each delivery receipt issued under this section; and

(4) A separate record of the cremated remains of each decedent or the body parts removed from each decedent or living person that were disposed of containing at least the name of the decedent, the date and time of the cremation and the location, date and manner of final disposition of the cremated remains.

(f) All records required to be maintained under this part are subject to inspection by the board of funeral directors and embalmers or an authorized representative of the board, upon reasonable notice, at any reasonable time.

HISTORY: Acts 1999, ch. 215, § 9; 2000, ch. 779, §§ 19-23.

TCA 62-5-509 (d) (1) (D)---Failure to record the name of the funeral home, cemetery, or other entity to whom the cremated remains were released on releases for Alice Brown-10-22-12 and Martin Lerna-10-22-12.

d) (1) At the time of releasing cremated remains, an operator of a crematory facility shall ensure that a written receipt signed by both a representative of the crematory facility and the person who received the cremated remains is provided to the person who received the cremated remains. Unless the cremated remains are those of a dead human body that was donated to science for purposes of medical education or research or are those of body parts,

the receipt shall indicate:

- (A)** The name of the decedent;
- (B)** The date and time of the release;
- (C)** The name of the person to whom the cremated remains were released;
- (D)** If applicable, the name of the funeral home, cemetery or other entity to whom the cremated remains were released; and
- (E)** The name of the person who released the cremated remains on behalf of the crematory facility.

At the exit interview with Lauren Blevins I went over each item on the "Notice of Violation" and referenced the statute requirement location in the law book. Lauren Blevins stated she understood the violations and will see that each is corrected since there apparently has been a breakdown in communication within their organization.

I additionally asked if she had any questions regarding the inspection or the citation. She stated she did not.

I then advised her if anyone has any questions regarding the matter to notify the Board office and I will gladly return their phone call if I can clarify any requirement regarding the inspection.

Citation Attached



12-6-12
Date

Eric R. Lima
Field Representative's Signature

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903

www.state.tn.us/commerce/boards/funeral

HUMAN CREMATORY INSPECTION REPORT

Establishment Name: Falk Memorial Crematory Lic. #: 1255
Physical Location Address: 6465 Tretnood Ave. Phone #: 931-388-2135
City, State, Zip Code: Columbia, TN 38401
Mailing Address (if different from above): _____

Licensed Funeral Director serving as Manager: Alan Blenkins FD #: 3435

Licensed Funeral Director(s) performing cremations: Lauren Blenkins FD #: 6216

Melissent Clendenboard - 5611 alan Blenkins - 3435

Number of cremations performed prior calendar year: 10-18-12 ^{First Cremation} Number of cremations present year to date: 45

Number of cremation files examined during this inspection: 9

62-5-504. Prerequisites to Cremation

	Acceptable YES	NO
Required cremation permit from Health Department for each deceased.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

62-5-107. Utilization of Licensed Crematory Facility

Cremation Authorization Form

A. Name, address and telephone number of crematory.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Signed by authorizing agent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Signed and dated by Licensed Funeral Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>

62-5-509. Written Receipt for Remains -- Records

1. Written receipt for delivery of human remains to crematory facility:		
A. Name of decedent.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Date and time of delivery	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Type of casket or container remains delivered in.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Name of person delivering remains to crematory facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Name of funeral home or other establishment.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Name of person receiving decedent on behalf of crematory facility.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Written receipt for release of cremated remains from crematory facility:		
A. Name of decedent.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Date and time of release.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Name of person releasing cremated remains from crematory facility.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Name of person to whom cremated remains were released.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Name of funeral home, cemetery or other entity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Record (log) of each cremation conducted:

- A. Name of decedent..... ☒ ☐
 B. Date and time of cremation..... ☒ ☐
 C. Manner of final disposition (location, date and manner of final disposition)..... ☒ ☐

62-5-313. Requirements for Operation - (d)(2) Permanent Identification Device

- A. Name of Deceased..... ☐ YES ☒ NO
 B. Date of Birth..... ☐ ☒
 C. Date of Death..... ☐ ☒
 D. Social Security Number..... ☐ ☒

Type of Permanent Identification Device used: None →

Number of Cremated Remains Present: 0 Number of Cremated Remains Inspected: —

62-5-507. Crematory Facility Operator Duties

Inspection of Crematory Facility

- A. Is cremation in progress at time of inspection..... ☐ YES ☒ NO
 B. Any excess residue or fragments found in cremation chamber..... ☐ ☒
 C. Any excess residue or fragments found in processing area..... ☐ ☒
 D. Any unauthorized access or visibility noted..... ☐ ☒
 E. Number of retort chambers: 1
 F. Date retort chamber(s) placed in service: 10-18-12
 G. Was retort chamber(s) operational..... ☒ ☐
 H. Temperature of retort chamber(s) when inspected: 1602°F & climbing
 I. Refrigeration unit(s) on premises..... ☒ ☐
 J. Total body capacity of refrigeration unit(s): 3
 K. Temperature of refrigeration unit(s) at time of inspection: 36°F
 L. Number of bodies present at time of inspection: 3
 M. Unembalmed bodies held for eight (8) hours in refrigeration unit..... ☒ ☐
 N. Embalmed bodies in holding area..... ☐ ☐
 O. Is the crematory facility maintained in a neat, clean and orderly fashion..... ☒ ☐
 P. Has crematory equipment been inspected and/or serviced by manufacturer or other entity..... ☐ ☐
 Date(s) of last inspection/maintenance: initial installation - Obtain copy of report(s)
 Q. Describe system established and maintained for identifying body throughout all phases of holding and cremation process: Copy attached

R. Describe internal system used for tracing location of cremated remains during shipment (mail): USPS -

S. Signed receipt from person receiving cremated remains by mail..... ☐ ☐
Return Receipt

0660-9-01 Requirements For A Crematory

- A. Any evidence of commingling of cremated ashes for storage or disposition..... ☐ YES ☒ NO
 B. Any evidence of more than one (1) body being placed in cremation chamber..... ☐ ☒
 C. Any evidence of more than one (1) cremated remains placed in container..... ☐ ☒
 D. Number of unclaimed cremated remains present at crematory facility: 0

Describe procedure for handling and/or disposition of any unclaimed cremated remains

Copy attached

WARNING ISSUED

(Circle)

CITATION ISSUED

(Circle)

Reason(s): (1) TCA 62-5-313

(2) TCA 62-5-509 (e)(4)

(3) TCA 62-5-509 (d)(1)(D)

Comments: First disc #3001 - Last disc #3045 on 12-5-12



109 Blythewood Drive
Columbia, TN 38401

931-388-2135
Fax 931-388-2137
Dear Ms. Mosby:

FUNERAL HOMES & CREMATORY

www.williamsfh.com

RECEIVED

JAN 15 2013

FUNERAL BOARD
BURIAL SERVICES

819 N. Main Street
Mt. Pleasant, TN 38474

931-379-5574
Fax 931-379-5580

We have received a copy of Complaint # 2012022689 filed against Polk Memorial Crematory. The following is our response to the three charges.

- (1) TCA 62-5-313--- As stated at the time of inspection, we placed the numbered round disc, which matched our records, in the urn with the cremated remains for identification purposes. We immediately corrected this mistake and are now placing the identification device required by law in the urn. We did not perform another cremation until we had the identification tags specified by Mr. Luna.

It is our desire to always be in compliance with the law. We take the law very seriously. However, we have been in a time of transition (our crematory operator resigned after the fire), and we simply misinterpreted the law when we started operating our new crematory. We realize that this was our mistake, a mistake that we have corrected, and a mistake that we will not repeat.

- (2) TCA 62-5-509 (e) (4)---Again, It is our desire to be in compliance with the law and, again, we misinterpreted the law. However, we can assure the board that we have corrected the misunderstanding and are in full compliance with the law. A "separate record" as defined by law is now being kept at the crematory.
- (3) TCA 62-5-509 (d) (1) (D)---it is our understanding that we are charged with failure to identify the "funeral home, cemetery or entity to whom the cremated remains were released" on the releases of Alice Brown and Martin Lerna, both dated 10-22-12. These two cremated remains were released to a specific funeral home, not a family member, and the funeral home was noted in our records. If they were not properly recorded, then we express our sincere regret and promise to not make the mistake again.

In conclusion, any failure to abide by the law was a result of a misinterpretation of the law, and NOT an intentional act on our part. We have been in a state of transition, both in personnel and facilities. ALL misunderstandings have been corrected from the moment Mr. Luna explained them to us. We are sorry and regret our mistakes.

Sincerely,

Lauren Blevins

*We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.
This commitment of service will be carried out before, during and after the family's time of need.*

Love Goes On™



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**
DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

June 4, 2013

Polk Memorial Crematory
Attn: Alan Blevins, Manager
PO Box 38
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT # 201202689
FUNERAL BOARD
vs.
POLK MEMORIAL CREMATORY**

Dear Manager:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting March 12, 2013.

After review of the signed Consent Order and payment of the civil penalty from your establishment, the complaint has been closed.

Sincerely,

Lisa Mosby
Complaint Coordinator

Polk Memorial Crematory
Consent Order – 2012026891
April 11, 2013

**BEFORE THE TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND
EMBALMERS**

IN THE MATTER OF:

POLK MEMORIAL CREMATORY
PO BOX 38
COLUMBIA, TENNESSEE 38402-0038

) P3103
) F1279
)
) 12-FUN-RBS-2012026891
)
)

CONSENT ORDER

THIS MATTER comes before the Tennessee State Board of Funeral Directors and Embalmers (hereinafter called "Board"), based upon violations found during a routine inspection. Polk Memorial Crematory (hereinafter called "Respondent"), voluntarily enters into this Consent Order to avoid formal charges and a contested case proceeding with respect to the matters described herein.

DEFINITIONS

The definitions set out in Tennessee Code Annotated Title 62 and the rules promulgated thereunder are applicable to this Consent Order.

AUTHORITY AND JURISDICTION

Accordingly, Tenn. Code Ann. § 62-5-317, § 56-1-308(a), and Rule 0660-8-.01 of the Tenn. Comp. R. and Regs., provide the Tennessee State Board of Funeral Directors and Embalmers with the authority to deny, suspend, revoke, and/or impose a civil penalty for any violation of any statute, rule or order of the Board.

STIPULATED FINDINGS OF FACT

1. Respondent conducted business at all times pertinent while in possession of a valid license, having been issued license number 1255.

2. On December 6, 2012, a field representative conducted a routine inspection of the Respondent establishment.
3. It was discovered that the Respondent provided cremation services for forty-five (45) human remains; however, the Respondent failed to place a permanent identification device approved by the board in the urns prior to placing the remains in the urn.
4. Furthermore, the Respondent failed to retain a separate record containing the location, date, and manner of final disposition regarding the remains.

STIPULATED CONCLUSIONS OF LAW

Respondent admits that the aforementioned act(s) and conduct of the Respondent as previously described herein constitute a violation(s) of the following statute(s) and/or rule(s):

Tenn. Code Ann. § 62-5-313(d)(2), “(d)(2) If a dead human body is to be cremated, then a permanent identification device approved by the board, containing the decedent's name, date of birth, date of death and social security number shall be placed in the crematory urn before the remains are placed in the urn. If the information is not available to the funeral establishment, then a permanent identification device stating the information is not available shall be placed in the crematory urn before the remains are placed in the urn.”

Tenn. Code Ann. § 62-5-509(e), “(e) During the time that the crematory remains engaged in the business of cremating dead human bodies or body parts, the crematory facility shall keep the following for a period of at least seven (7) years: (1) A copy of each receipt issued upon acceptance by or delivery to the crematory facility of a dead human body; (2) A record of each cremation conducted at the facility, containing at least the name of the decedent or, in the case of body parts, the name of the decedent or living person from whom the body parts were removed, the date and time of the cremation and the final disposition made of the cremated remains; (3) A copy of each delivery receipt issued under this section; and (4) A separate record of the cremated remains of each decedent or the body parts removed from each decedent or living person that were disposed of containing at least the name of the decedent, the date and time of the cremation and the location, date and manner of final disposition of the cremated remains.”

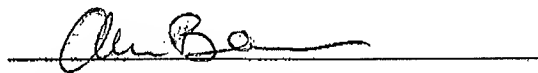
NOW THEREFORE, in order to effectuate Respondent's desires and intentions, Respondent hereby consents and agrees to the following:

Polk Memorial Crematory
Consent Order – 2012026891
April 11, 2013

1. Respondent shall pay a civil penalty in the amount of FIVE HUNDRED DOLLARS (\$500.00), and remit it along with a signed copy of this Order immediately.
2. Respondent shall comply with all statutes and rules governing funeral directors and embalmers in this State.
3. The Board shall seek no additional sanctions against the Respondent by reason of the violations admitted herein. The Respondent acknowledges the Board's right to seek additional sanctions against the Respondent for any future violations.
4. Respondent acknowledges, understands and agrees that this settlement in no way binds any other agency, division, department or political subdivision of the State of Tennessee relative to any factual allegations cited herein.
5. Respondent understands that Respondent has a right to a hearing under the Uniform Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5, but Respondent is waiving that right in order to enter this settlement.
6. This Order shall have no effect unless accepted by the Board. Should this Order not be accepted by the Board, it is agreed that the presentation to and consideration of this Consent Order shall in no way prejudice the Board from further participation in either a formal or informal resolution of this matter.

FURTHERMORE, Respondent hereby expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of this Consent Order.

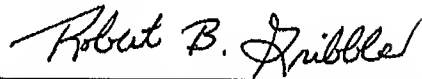
Executed this the 29 day of April, 2013.



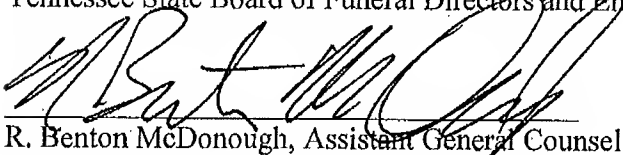
ALAN BLEVINS, MANAGER
POLK MEMORIAL CREMATORY

Polk Memorial Crematory
Consent Order – 2012026891
April 11, 2013

APPROVED:



Robert B. Gribble, Executive Director
Tennessee State Board of Funeral Directors and Embalmers



R. Benton McDonough, Assistant General Counsel
Department of Commerce and Insurance
Office of Legal Counsel
500 James Robertson Parkway
Davy Crockett Tower, 5th Floor
Nashville, Tennessee 37243
Telephone (615) 741-3072

warning attached



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 592-1903
<http://funeral.state.tn.gov>

3-13-13
Date

Ric. K. Luna
Field Representative's Signature

ESTABLISHMENT INSPECTION REPORT

Establishment Name: Williams Funeral Home, Inc. Lic # 268
Physical Address: 819 North Main St. Phone # _____
City, State, Zip Code: Mount Pleasant, TN 38474 Fax # 931-379-5580
Mailing Address (if different from above): P.O. Box 38 -> 38402
Establishment web site address: williamsfh.com
Establishment email address: info@williamsfh.com
Contact Person(s) during inspection: Melvin Climbard - Alan Blum
Funeral Director serving as manager: Laura A. Blum FD # 6216 Emb # _____
Total Calls previous year: Files not kept separate - counted as Columbia Total Calls current year to date: _____
Total Cremations previous year: _____ Total Cremations current year to date: _____

Licensed Funeral Directors & Embalmers and License Numbers

<u>Alan Blum - 3435-3753</u>	
<u>Melvin Climbard - 5611</u>	
<u>Benjamin L. Curtis - 6652-6653</u>	
<u>Herald P. Strahan - 6641</u>	

Apprentice Funeral Director & Embalmers and License Numbers

<u>Janet K. Lindsey - 4678</u>	
<u>Kerry Wayne Roberson - 4114</u>	

Pre-Need Sales Agents & License Numbers (Tennessee Code Annotated 62-5-404a)

Pre-Need Sales Registration: (Tennessee Code Annotated 62-5-404 b)
License Number: _____ Expiration Date: _____

Does not offer

I. FEDERAL TRADE COMMISSION RULE (Tennessee Rule 0660-11-.06)		ACCEPTABLE	
A. GENERAL PRICE LIST		YES	NO
1. Name, address, & telephone number	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Effective Date	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Consumer's Right of Selection disclosure	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Basic Service Fee disclosure	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Embalming disclosure	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Casket Price List disclosure	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Outer Burial Container Price List disclosure	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Alternative Container for Direct Cremation disclosure	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Required 16 Itemized Prices on General Price List			
1. Basic Services of Funeral Director and Staff	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Embalming	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Other Preparation of the Body	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Transfer of Remains to Funeral Home	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Use of Facilities and Staff for funeral ceremony	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Use of Facilities and Staff for viewing	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Use of Facilities and Staff for memorial service	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Use of Equipment and Staff for graveside service	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Hearse	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Limousine	_____ <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Forwarding of remains to another funeral home	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Receiving of remains from another funeral home	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Casket Prices	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Outer Burial Container Prices	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Immediate Burial	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Direct Cremation	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Casket Price List			
1. Name of funeral establishment	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Effective date	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Price and description of each casket and alternative container	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Outer Burial Container Price List			
1. Name of funeral establishment	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Effective date	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Required disclosure	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Price and description of each outer burial container	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Statement of Funeral Goods and Services Selected			
1. Cost of services, merchandise & description	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Legal requirement disclosure	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Embalming disclosure	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Cash Advance disclosure	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Number of Statement of Funeral Goods and Services Contracts examined:	_____		

*included in report for
Williams - Columbia* 2

II. CREMATIONS (Tennessee Code Annotated 62-5-107)

1. Name of crematory(s) used by establishment: Salch Memorial Crematory
2. License number of crematory(s) used: 1256
3. Date of inspection report used: 12-6-12
4. Number of cremation files examined during inspection: _____

A. Cremation Authorization Forms:

- | | YES | NO |
|----------------------------------------------|--------------------------|--------------------------|
| 1. Name, address & phone number of crematory | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Correct information on form | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Signed by licensed funeral director | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Signed by authorizing agent | <input type="checkbox"/> | <input type="checkbox"/> |

*included
in Report
for Williams-
Columbia*

B. Receipt for Humans Remains delivered to Crematory: (Tennessee Code Annotated 62-5-509 b)

- | | | |
|------------------------------------------|--------------------------|--------------------------|
| 1. Name of deceased | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of delivery | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Type of container | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person delivering decedent | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of person receiving decedent | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Name of funeral home or establishment | <input type="checkbox"/> | <input type="checkbox"/> |

C. Receipt of Cremated Remains: (Tennessee Code Annotated 62-5-509 d)

- | | | |
|------------------------------------------------------------|--------------------------|--------------------------|
| 1. Name of decedent | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of release of cremated remains | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Name of person to whom cremated remains released | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person releasing cremated remains | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of Establishment to whom cremated remains released | <input type="checkbox"/> | <input type="checkbox"/> |

III. Name of Establishment (Tennessee Rule 0660-01-.03 2)

- | | | |
|----------------------|-------------------------------------|--------------------------|
| 1. Signage | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Advertisements | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Business Cards | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Internet web site | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Price Lists | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Other mediums | <input type="checkbox"/> | <input type="checkbox"/> |

corrected on site

IV. Public Areas (Tennessee Rule 0660-11-.04)

- | | | |
|------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 1. Public areas in good state of repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Sidewalks, entrances, walkways free of debris/obstacles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Restrooms-Clean/stocked with hand soap, toilet tissue, paper towels | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

V. Preparation Rooms (Tennessee Rule 0660-11-.02)

ACCEPTABLE

	YES	NO
1. Floor Composition _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Ventilation/Exhaust Fan _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Instrument Disinfection Chemicals Present _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Trash Container Covered Non-Porous Bag _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Soiled Laundry/Linen Container Covered, Non-Porous Bag _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Chemical Storage _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Excess Storage Control _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Paper towels, hand soap _____	<input type="checkbox"/>	<input type="checkbox"/>
9. All Surfaces/Tables/Fixtures/Equipment sanitary _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Secured to prevent unauthorized entry _____	<input type="checkbox"/>	<input type="checkbox"/>
11. No window visibility _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Orderly/Free from clutter _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Used only for preparation of dead human bodies _____	<input type="checkbox"/>	<input type="checkbox"/>

If no preparation room at this establishment, state where embalming procedures are performed: Lawrence Funeral Home

Chapel Hill, TN

VI. Permanent Identification Device (Tennessee Code Annotated 62-5-313 (d)(1))

A. Type of permanent identification device used: Permanently

1. Number of bodies in funeral establishment at time of inspection: 0
2. Number of bodies checked during inspection: _____
3. Location of bodies checked: _____
4. Family/public present while body checked: _____

ACCEPTABLE

	YES	NO
A. Name of Decedent _____	<input type="checkbox"/>	<input type="checkbox"/>
B. Date of Birth of Decedent _____	<input type="checkbox"/>	<input type="checkbox"/>
C. Date of Death of Decedent _____	<input type="checkbox"/>	<input type="checkbox"/>
D. Social Security Number of Decedent _____	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

See note on response letter regarding warning.



TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS
NASHVILLE, TENNESSEE

NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: William Funeral Homes, Inc.
Name of establishment or individual

Address: 819 North Main St.
Street

License # 268

Mount Pleasant, Tenn 38474
City State Zip

Manager: Lauren A. Blenier

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

TCA 62-5-106 - package offerings: "Simple funeral package", "Panation package", "Simplicity package", "Tribute package", "Honor package", "Classic package", "Premier package", "Elegance package", "Presidential package", "Gathering of Remembrance", "Ceremony of Simplicity", & "Gathering & Ceremony of Choice" must include an itemized listing of each and every item.

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicated that you as owner, manager, or agent in charge of this establishment have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate.

Melvin K. Chubbuck
Manager, Owner or Representative

procedures or service and shall show the price of the item.

WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE 20 calendar days

CITATION

YOU WILL RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

Order issued by: Bill E. Luna

Date issued: 3-13-13

VERY IMPORTANT: Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.

Change of Location



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

4-4-13
Date

Bice R. Luna
Field Representative's Signature

ESTABLISHMENT INSPECTION REPORT

Establishment Name: Williams Funeral Home & Crematory Lic # 769
Physical Address: 2517 Iratused Ave. Phone # 931-388-2135
City, State, Zip Code: Columbia, TN 38401 Fax # 931-381-3014
Mailing Address (if different from above): P.O. Box 38
Establishment web site address: williamsfh.com
Establishment email address: info@williamsfh.com
Contact Person(s) during inspection: Melvin Clinkenshead - Paula Lindsey - Ben Curtis - Kerry Lann Powers
Funeral Director serving as manager: Alan Blenkins FD # 3435 Emb # 3753
Total Calls previous year: 228 Total Calls current year to date: 59
Total Cremations previous year: 71 Total Cremations current year to date: 19

Licensed Funeral Directors & Embalmers and License Numbers

<u>Melvin Clinkenshead - 5611</u>	<u>Kerry Lann Powers - 3673-3882 (Trade)</u>
<u>Benjamin A. Curtis - 6652-6653</u>	
<u>Herald E. Strahan - 6641</u>	
<u>Lauren A. Blenkins - 6216</u>	
<u>Kerry Lann Powers - 6664-6665</u>	

Apprentice Funeral Director & Embalmers and License Numbers

<u>Paula H. Lindsey - 4678</u>	
<u>Kerry Wayne Powers - 4114</u>	

Pre-Need Sales Agents & License Numbers (Tennessee Code Annotated 62-5-404a)

<u>Paula H. Lindsey - 118</u>	<u>Alan Blenkins - 1103</u>
<u>Suzanne Siebold - 1487</u>	

Pre-Need Sales Registration: (Tennessee Code Annotated 62-5-404 b)

License Number: 469 Expiration Date: 3-31-14

I. FEDERAL TRADE COMMISSION RULE (Tennessee Rule 0660-11-06)

A. GENERAL PRICE LIST

ACCEPTABLE

YES NO

1. Name, address, & telephone number ☒ ☐
2. Effective Date ☒ ☐
3. Consumer's Right of Selection disclosure ☐ ☒ *corrected on site*
4. Basic Service Fee disclosure ☒ ☐
5. Embalming disclosure ☐ ☒ *corrected on site*
6. Casket Price List disclosure ☒ ☐
7. Outer Burial Container Price List disclosure ☒ ☐
8. Alternative Container for Direct Cremation disclosure ☒ ☐

B. Required 16 Itemized Prices on General Price List

1. Basic Services of Funeral Director and Staff ☒ ☐
2. Embalming ☒ ☐
3. Other Preparation of the Body ☒ ☐
4. Transfer of Remains to Funeral Home ☒ ☐
5. Use of Facilities and Staff for funeral ceremony ☒ ☐
6. Use of Facilities and Staff for viewing ☒ ☐
7. Use of Facilities and Staff for memorial service ☒ ☐
8. Use of Equipment and Staff for graveside service ☒ ☐
9. Hearse ☒ ☐
10. Limousine ☐ ☐ *N/A*
11. Forwarding of remains to another funeral home ☐ ☒ *corrected on site*
12. Receiving of remains from another funeral home ☒ ☐ *" " "*
13. Casket Prices ☒ ☐
14. Outer Burial Container Prices ☒ ☐
15. Immediate Burial ☒ ☐
16. Direct Cremation ☐ ☒ *corrected on site*

C. Casket Price List

1. Name of funeral establishment ☐ ☒ *corrected on site*
2. Effective date ☒ ☐
3. Price and description of each casket and alternative container ☒ ☐

D. Outer Burial Container Price List

1. Name of funeral establishment ☐ ☒ *corrected on site*
2. Effective date ☒ ☐
3. Required disclosure ☒ ☐
4. Price and description of each outer burial container ☒ ☐

E. Statement of Funeral Goods and Services Selected

1. Cost of services, merchandise & description ☒ ☐
2. Legal requirement disclosure ☒ ☐
3. Embalming disclosure ☒ ☐
4. Cash Advance disclosure ☒ ☐
5. Number of Statement of Funeral Goods and Services Contracts examined: 16

II. CREMATIONS (Tennessee Code Annotated 62-5-107)

1. Name of crematory(s) used by establishment: Deek Memorial Crematory
2. License number of crematory(s) used: 1255
3. Date of inspection report used: 12-6-12
4. Number of cremation files examined during inspection: 5

A. Cremation Authorization Forms:

- | | YES | NO |
|----------------------------------------------|-------------------------------------|--------------------------|
| 1. Name, address & phone number of crematory | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Correct information on form | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Signed by licensed funeral director | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Signed by authorizing agent | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

B. Receipt for Humans Remains delivered to Crematory: (Tennessee Code Annotated 62-5-509 b)

- | | | |
|------------------------------------------|-------------------------------------|--------------------------|
| 1. Name of deceased | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of delivery | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Type of container | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person delivering decedent | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of person receiving decedent | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Name of funeral home or establishment | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

C. Receipt of Cremated Remains: (Tennessee Code Annotated 62-5-509 d)

- | | | |
|------------------------------------------------------------|-------------------------------------|--------------------------|
| 1. Name of decedent | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of release of cremated remains | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Name of person to whom cremated remains released | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person releasing cremated remains | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of Establishment to whom cremated remains released | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

III. Name of Establishment (Tennessee Rule 0660-01-.03 2)

- | | | |
|----------------------|-------------------------------------|--------------------------|
| 1. Signage | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Advertisements | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Business Cards | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Internet web site | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Price Lists | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Other mediums | <input type="checkbox"/> | <input type="checkbox"/> |

IV. Public Areas (Tennessee Rule 0660-11-.04)

- | | | |
|------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 1. Public areas in good state of repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Sidewalks, entrances, walkways free of debris/obstacles | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Restrooms-Clean/stocked with hand soap, toilet tissue, paper towels | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

V. Preparation Rooms (Tennessee Rule 0660-11-.02)

ACCEPTABLE

	YES	NO
1. Floor Composition _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Ventilation/Exhaust Fan _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Instrument Disinfection Chemicals Present _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Trash Container Covered Non-Porous Bag _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Soiled Laundry/Linen Container Covered, Non-Porous Bag _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Chemical Storage _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Excess Storage Control _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Paper towels, hand soap _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. All Surfaces/Tables/Fixtures/Equipment sanitary _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Secured to prevent unauthorized entry _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. No window visibility _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Orderly/Free from clutter _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Used only for preparation of dead human bodies _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If no preparation room at this establishment, state where embalming procedures are performed: _____

VI. Permanent Identification Device (Tennessee Code Annotated 62-5-313 (d)(1))

- A. Type of permanent identification device used: Plaster Band
1. Number of bodies in funeral establishment at time of inspection: 0
2. Number of bodies checked during inspection: _____
3. Location of bodies checked: _____
4. Family/public present while body checked: _____

ACCEPTABLE

	YES	NO
A. Name of Decedent _____	<input type="checkbox"/>	<input type="checkbox"/>
B. Date of Birth of Decedent _____	<input type="checkbox"/>	<input type="checkbox"/>
C. Date of Death of Decedent _____	<input type="checkbox"/>	<input type="checkbox"/>
D. Social Security Number of Decedent _____	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

Change of location -
Newly Constructed Building - photographs
attached.